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NATIONAL INSTITUTE ON ARTHRITIS AND  
MUSCULOSKELETAL DISEASES—  
ESTABLISHMENT OF ORIGINAL

COMPLETED

HEARING  
BEFORE THE  
COMMITTEE ON  
LABOR AND HUMAN RESOURCES  
UNITED STATES SENATE  
NINETY-SEVENTH CONGRESS

SECOND SESSION

ON

S. 1939

TO AMEND THE PUBLIC HEALTH SERVICE ACT TO ESTABLISH  
A NATIONAL INSTITUTE ON ARTHRITIS AND MUSCULO-  
SKELETAL DISEASES

JULY 20, 1982

44. L11/4: N211/3



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# NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL DISEASES—ESTABLISHMENT OF

TUESDAY, JULY 20, 1982

U.S. SENATE,  
COMMITTEE ON LABOR AND HUMAN RESOURCES,  
*Washington, D.C.*

The committee met, pursuant to notice, at 2:11 p.m., in room 4232, Dirksen Senate Office Building, Senator Orrin G. Hatch (chairman of the committee) presiding.  
Present: Senators Hatch and Quayle.

## OPENING STATEMENT OF SENATOR HATCH

The CHAIRMAN. This afternoon we are meeting to consider S. 1939, a bill to establish a National Institute of Arthritis and Musculoskeletal Diseases at the National Institutes of Health.

At present, arthritis research is largely administered by the National Institute of Arthritis, Diabetes, Digestive, and Kidney Diseases. Earlier this year, I introduced S. 2311, the Biomedical Research, Training, and Library Assistance Act amendments of 1982. This bill reauthorized the two largest institutes at NIH, the National Cancer Institute and the National Heart, Lung, and Blood Institute, as well as the Medical Library Assistance Act, the Office of Disease Prevention and Health Promotion, and the Office of the Assistant Secretary of Health, and the President's Ethics Commission.

This bill represented a vote of confidence in NIH and was voted out of the committee without dissent on April 27. My committee's action reflects of course broad support for basic biomedical research. In this time of budget trimming, we authorized a significant increase of 6 percent in funding for NCI and NHLBI, with the recommendation that all of NIH be funded by the Appropriations Committee at a similar level of increase.

However, in preparing for these hearings, we learned of many problems and concerns about NIH. We chose not to address those problems with our legislative mandate, but to convey our concerns with report language and direct communication to the administration and officials at NIH, with the promise that we would hold further oversight hearings to assess progress. As I learn more about the activities of NIH, I became convinced that our current research effort in arthritis and musculoskeletal diseases is insufficient.

When we consider that arthritis afflicts more than 30 million Americans and costs billions of dollars from disability, it struck me that we are not doing all we can and should do to prevent, treat, and, we are hopeful, cure these disorders.

Shortly after our hearing on S. 2311, I conveyed these concerns to Secretary Schweiker. Within a few weeks, HHS announced that the National Institute of Arthritis, Diabetes, Digestive, and Kidney Diseases was being reorganized with elevation to bureau status. This, reportedly, would facilitate organizational clarity within the Institute and provide public visibility outside the Institute to allow for the appropriate delegation of responsibility. Thus, the stage is set for an organizational structure to allow the four major disease categories to operate more autonomously than ever before.

We are hopeful that this prompt action by the administration will result in what is obviously needed, an increased research effort in arthritis and other important diseases. In the NIADDK cluster, facilitated by more efficient and effective use of Federal moneys, we believe this can be done. However, many of my colleagues are not convinced this will happen. They fear that organizational restructuring will not give sufficient emphasis to arthritis and musculoskeletal diseases and believe a separate institute will best achieve their goal.

I do share with them the genuine concern that more can and should be done to research these painful and debilitating diseases. I am not personally certain whether a new institute at NIH is the answer. Therefore, we have called these full committee hearings so that we can determine how best to accomplish our mutual goals.

[The prepared statements of Senators Weicker, Cranston, Burdick, and Congressman Pepper follow:]

#### PREPARED STATEMENT OF SENATOR WEICKER

Mr. Chairman, I welcome the opportunity to address my colleagues on a matter now before the Labor and Human Resources Committee—S. 1939, a bill to establish a National Institute of Arthritis and Musculoskeletal Diseases (NIAMD) within the National Institutes of Health. I have joined some of my colleagues in the Senate as a co-sponsor of S. 1939 because I believe that this piece of legislation, if enacted, would help to provide a badly needed focus on our nation's research efforts for arthritis and other musculoskeletal diseases. Focused research, I am convinced, would clearly reduce the disabling effects of these devastating diseases causing immeasurable physical, emotional, and financial costs.

Today, more than 37 million people in this country suffer the pain and anguish brought on by these diseases. More than 400 different forms of musculoskeletal diseases afflict our citizens—from juvenile rheumatoid arthritis, which affects over 250,000 children, to osteoarthritis, which strikes about 86 percent of our elderly population. Each year, approximately one million more Americans fall victim to these painful and debilitating diseases. In fact, arthritis and related musculoskeletal diseases rank first among all disease groups in costs attributable to lost earnings and are leading causes of confinement to hospitals and nursing homes.

While it is impossible to measure the human suffering these diseases cause, we do know that the costs associated with arthritis and related diseases exceed \$30 billion annually in medical expenses, disability payments, and workers' compensation claims. Additionally, as a larger segment of our population begins to enter the older age brackets, we can expect costs to run as high as \$96 billion annually. Yet, less than one percent of the government's medical research budget is devoted to finding a cure and treatment for these diseases afflicting more than 14 percent of the United States total population. This translates to \$1.74 of government funds spent for each victim. Part of the reason that this research has not received the focus and priority it warrants is that this research is combined with several unrelated, but



worthwhile, research activities, including diabetes, digestive diseases, nutrition, and kidney diseases.

In my home state, the physicians and scientists at the University of Connecticut Health Center are involved deeply in research concerning connective tissue and arthritis. I am honored to report that they have made significant contributions in the understanding of metabolic responses to bone and joint diseases and to management of the inflammatory processes related to rheumatoid arthritis and system lupus arthromotosis. A number of these excellent physicians and scientists at the University of Connecticut Health Center recommend creating a separate National Institute for Arthritis and Musculoskeletal Diseases and are confident that an increased focus on research relating to the musculoskeletal system would be instrumental in reducing the enormous costs to this nation in human and economic terms.

I strongly urge my colleagues to act favorably on S. 1939.

TESTIMONY  
OF  
SENATOR ALAN CRANSTON  
COMMITTEE ON LABOR AND HUMAN RESOURCES  
JULY 20, 1982  
ON  
ESTABLISHING A NATIONAL INSTITUTE  
OF ARTHRITIS AND MUSCULOSKELETAL DISEASES

I appreciate this opportunity to testify on S. 1939, legislation to establish a National Institute of Arthritis and Musculoskeletal Diseases within the National Institutes of Health (NIH). I am pleased to have worked with the distinguished senior Senator from Arizona (MR. GOLDWATER) in introducing S. 1939, which, if enacted, would help to promote our nation's research efforts for some of the most prevalent and devastating diseases in our society. I would also like to note that we have been joined in this effort by 38 of our Senate colleagues who have cosponsored S. 1939, and by 67 members of the House who have cosponsored H.R. 5006, companion legislation introduced by Congressman Claude Pepper.

The Consequences of Arthritis

We cannot ignore the costs to the Nation in economic and human terms resulting from arthritis and related diseases. An estimated 37 million Americans suffer from some form of arthritis -- one out of every six citizens, and one in every three families. Arthritis affects more Americans than any other disease. Each year approximately 1 million Americans fall victim to this painful and debilitating disease. Arthritis attacks the body's moveable joints and connective tissues, sometimes resulting in systemic complications with critical damage to major organs. Over 20 million Americans suffer from arthritis severe enough that they seek a physician's help. In 1978, 549,000 hospitalizations were due to arthritis and arthritis-related disease.



The financial costs of arthritis to patients, insurance companies, and taxpayers are staggering. The Arthritis Foundation estimated that in 1978 Americans paid \$14.5 billion in costs related to arthritis. In 1980, approximately \$1 billion was spent on quack remedies. The physical and emotional costs to the victims of the disease and their families are enormous. In 1981, over 27 million workdays were lost due to arthritis-related disabilities. This represents over \$5 billion in wages lost to employees.

Arthritis is second only to heart problems as the reason for Social Security Disability Insurance payments, and individuals with arthritis account for about 19 percent of those receiving such benefits. Although many workers with arthritis remain on the job as long as possible, some 535,000 workers disabled by arthritis and forced by intense pain and physical limitations that they suffer to leave their jobs are today collecting SSDI benefits. The cost to the nation for these payments in fiscal year 1981 alone is estimated to have been \$2.7 billion. If payments for their dependents are included, this figure is estimated to be as high as \$3.25 billion.

#### The Need For A Separate Institute

Research is the best investment we can make to help arthritis sufferers. As author of the National Arthritis Act of 1974 (Public Law 93-640), I have long been acutely aware of the needs of and potential for research into arthritis and musculoskeletal diseases. We need a stronger approach for arthritis research. Although the National Arthritis Act of 1974 was tremendously successful in organizing and utilizing our national resources to wage a strong attack against arthritis, and current biomedical research has substantially increased our knowledge of arthritis, implementation of the Act has fallen short of what should have been achieved and far short of what could be gained through an accelerated research effort into this important area of study.

The National Arthritis Act of 1974 provided for the design of a master arthritis research plan (The National Arthritis Plan) pointing out the areas of research to be pursued, the existing

resources with which that can be done, and the additional resources that are needed for research progress. The Act also established research and demonstration centers that have provided an opportunity for intensive interdisciplinary arthritis research and also training in and demonstration of advanced diagnostic, prevention treatment, and control methods related to arthritis. Unfortunately, the budget levels recommended under the Plan for arthritis-related research within the NIH have not been realized. Indeed, with each year the gap between recommended and actual expenditures has grown wider. The Arthritis Plan recommended that funds be doubled in 1977 for arthritis-related research with subsequent annual increases of about 20 percent through 1980. However, funding for arthritis and musculoskeletal disease research within the National Institute of Arthritis, Diabetes, Digestive, and Kidney Diseases (NIADDK) increased by only 19 percent from 1976 to 1977, and since 1977 funding has increased at an average annual rate of about 16.4 percent. During the period 1977 through 1981, substantially less than half of the arthritis-related research grant applications that were approved for funding have been able to be funded by the NIADDK. Under the Administration's proposed fiscal year 1983 budget for NIADDK, only 20 percent of the approved research projects could be funded.

Part of the reason that arthritis and musculoskeletal research has not received the focus and priority it warrants is that it is lumped within the current institute, NIADDK, with an incongruous variety of disease categories. Congressional intent to focus research on arthritis-related diseases under the original National Institute of Arthritis and Metabolic Diseases has been diluted over time by the grouping of so many disparate research programs within the current NIADDK, including arthritis, musculoskeletal diseases, skin diseases, diabetes, kidney diseases, digestive diseases, nutrition, endocrinology, urology, and hematology. Such a structure has led to funding disparities within NIADDK. In 1970, funding for arthritis research stood

at \$11.5 million, or 7.8 percent of the total NIADDK budget. For purposes of comparison, in 1970, diabetes funding amounted to 5.5 percent of the Institute budget. By 1974, when the arthritis and musculoskeletal programs were combined, funding for these programs had risen to \$23.5 million, or about 15 percent of the Institute's budget. That year, the diabetes program secured a 30-percent share of the Institute's budget -- a sixfold increase in funding.

Although arthritis and musculoskeletal diseases afflict more than 14 percent of the total U.S. population, in 1982 only 16.9 percent of the NIADDK budget -- just 1.7 percent of the entire NIH research budget -- was devoted to arthritis-related research. The federal government through NIH, spends only \$1.50 per person afflicted by arthritis in this country. Several hundred times that amount is spent per patient on cancer research. The funding recommendations originally proposed under the National Arthritis Plan are consistent with the human and economic costs of arthritis and related diseases. To reduce these costs, we need to support the level of national commitment called for in the Plan.

Looking to a future with a regrettably shrinking budget for our overall federal research effort, I believe we must develop policies for using limited financial resources more effectively and efficiently so that we can gain the maximum benefits for the maximum number of persons from biomedical research. S. 1939 would help achieve this.

By establishing a separate institute for arthritis and musculoskeletal diseases, we would provide arthritis-related disease issues with the greater visibility they should have at the national level and enable researchers in these areas to compete more successfully for increasingly scarce resources. A separate institute would have clear-cut advantages leading eventually to the channelling of additional, well-targeted funds into the area of arthritis-related research as well as promoting better coordination for such research. These have been the results of the establishment of other institutes specializing in a single or logically-grouped family of disorders such as the National Eye Institute and the National Institute of Aging (both of which, I might add, were opposed by the respective administrations at the time for the same reasons used by this Administration).

Most importantly, the creation of a separate institute for arthritis-related research would attract new, quality scientists and lead to an accelerated research effort into the causes, prevention, and treatment of arthritis. Thus, S. 1939 would facilitate the implementation of high-priority programs as mandated by the National Arthritis Act of 1974 and the National Arthritis Plan.

S.1939; The Provisions of A Bill to Establish the National Institute of Arthritis and Musculoskeletal Diseases

The statutory authority for the new National Institute of Arthritis and Musculoskeletal Diseases which S. 1939 would establish within the NIH would be patterned after that of other NIH research institutes. Thus, the new institute would be directed to undertake research and demonstrations related to the causes, prevention, and treatment of arthritis and musculoskeletal diseases; to promote coordination of research programs in the public and private sector; to make grants for research; to establish an information clearinghouse; and to conduct research training. This is the same mandate as exists for the current NIADDK with respect to arthritis and musculoskeletal diseases. In addition, in light of the tremendous number of traumatic musculoskeletal injuries that Americans receive in sports and other recreational activities, the new institute would include in its focus research on sports-related disorders.

The National Institute of Arthritis and Musculoskeletal Diseases would be funded under the existing authority of section 301 of the Public Health Service Act, as is the case for other NIH institutes. The only authorization of appropriations in the bill is for the support of existing and new multipurpose arthritis and musculoskeletal research and demonstration centers. It is extremely important to point out that this bill does not provide for increased funding in order to create the National Institute of Arthritis and Musculoskeletal Diseases. Because the present division pertaining to arthritis and musculoskeletal diseases within NIADDK is already autonomous in many of its functions, the start-up, overhead, and administrative costs related to separating these disease groups from the NIADDK are not expected to jeopardize funding for arthritis-related research. The benefits to be gained from the greater visibility for such research would more than



compensate for the costs -- discussed below -- that are anticipated.

#### Administration Opposition

The Administration has stated its opposition to S. 1939 and to any legislation creating new institutes within the National Institutes of Health. Its opposition to S. 1939 is focused mainly on two assertions -- that new administrative costs would drain research dollars and that legislation is not needed to provide arthritis and musculoskeletal diseases research with the visibility, autonomy, and national recognition that it should receive. Neither assertion is well-founded.

The Administration estimates that any new institute at NIH would require at least \$4 million in administrative costs and it hangs a price tag of \$4.765 in administrative costs on establishing the National Institute of Arthritis and Musculoskeletal Diseases. Given current and projected budgets, the Administration claims that as many as 40 new research grants would be sacrificed to pay for establishing the institute.

Although some minimal level of additional funds may have to be expended to establish the new Institute of Arthritis and Musculoskeletal Diseases, the estimate of \$4.765 million in administrative costs appears to be greatly exaggerated. That estimate assumes that only \$800,000 of the total amount presently budgeted for the administrative costs related to arthritis and musculoskeletal disease research activities within NIADDK would be transferred to the new institute and thus fails to take into account the far greater amount that could be transferred. In fiscal year 1982, according to NIH budget documents, the Arthritis Division within NIADDK has an allocation of \$2.928 million for administrative costs. Subtracting that amount -- which includes the \$800,000 -- from the NIH estimate of \$4.765 million leaves a maximum added cost of \$1.837 million for the new institute to begin operating on sound footing. That amount would provide for a new director's position and the other new staff positions that would be required by the establishment of the new



institute. However, through efficient sharing of resources and functions with the remaining parent institute, the net added administrative cost could probably be reduced substantially below \$1.837 million.

In claiming that this legislation is unnecessary, the Administration notes that on April 22, 1982, Secretary of Health and Human Services Schweiker elevated the NIADDK to a bureau of the Public Health Service, and created divisions within the bureau for major categorical research areas. The Administration sees this action as providing the research clusters within NIADDK, which have been made divisions, with the increased visibility, autonomy, and national prominence that they warrant -- without a legislative restructuring.

The conversion of NIADDK to a bureau does not resolve the basic underlying problems of funding disparities and priority biases among the many research programs housed in this one institute. The change is cosmetic, assigning new titles to old positions with no substantive change in the functioning of the Institute. Thus, I am unable to see how elevating NIADDK to bureau status will attract new researchers to the arthritis field, and I remain convinced that progress in arthritis-related research will not attain its potential unless greater emphasis is placed on funding for arthritis research.

Because of the diversity and complexity of the research areas within NIADDK -- ranging from urology to metabolic diseases, to dermatology -- the arthritis and musculoskeletal program, as a cluster under the previous institute structure, lacked the focus, direction, and visibility that are essential to a comprehensive and integrated research program addressing one of our country's major health problems. Making this program a division does not change this status. Although each division has its own advisory council, the National Arthritis, Diabetes, and Digestive and Kidney Diseases Advisory Council, which is responsible for providing the Director of NIADDK with recommendations and advice on research priorities and allocating funds to the Institute's programs, includes representatives from each of the various research

areas of NIADDK. These include nephrologists, dermatologists, endocrinologists, nutritionists, hematologists, and others whose specialties are not directly related to arthritis and musculoskeletal diseases. With such strong competing interests represented on this advisory council, arthritis-related research becomes subsidiary and a priority for funding such research is lost within the institute.

Thus, I do not believe that the current structure of NIH provides adequate assurance that the goal of making research funding allocations premised on the level of economic, social, human, and scientific advances that reasonably can be expected to result from such funding. Only an efficient and effective management structure involving a systematic grouping of related functions, such as S. 1939 would provide for arthritis will achieve this important goal for this disease.

#### Conclusion

We cannot ignore the need to find ways to improve the quality of life for those unfortunate individuals whom arthritis strikes so unfairly. An accelerated research effort in arthritis would bring us so much closer to providing these millions of arthritis sufferers with relief from their pain and the potential for a future of full participation in everyday activities without the constant frustration of immobile joints and limitations on movement.

I urge the Committee on Labor and Human Resources to give this important legislation careful consideration.

STATEMENT BY SENATOR QUENTIN BURDICK  
BEFORE THE  
LABOR AND HUMAN RESOURCES COMMITTEE HEARING ON S. 1939  
July 20, 1982

Mr. Chairman, several months ago I joined some of my colleagues in the Senate to cosponsor S. 1939 — a bill calling for the establishment of a National Institute on Arthritis and Musculoskeletal Diseases. I did so because I believe it is time we had a forceful and far-reaching effort at funding the causes and treatment of these crippling diseases.

Today, more than 37 million people suffer from arthritis and other musculoskeletal diseases. No segment of our society is immune, nor is any age group. Rheumatoid arthritis, the most devastating and crippling form of the disease, has stricken over 5.7 million persons — including 250,000 children. Over 10 million people are victims of osteoarthritis, a disease which causes extreme pain and disability among our elderly. In another form, known as Lupus erythematosus, the lives of one in seven black women are put in jeopardy. And the list goes on Mr. Chairman.

It is impossible to put a price on all the human suffering, but we do know that arthritis and musculoskeletal diseases impose tremendous financial burdens on our society. Estimates are that more than \$30 billion is spent annually on medical care, treatment, disability payments, and workers' compensation. Sadder still, about \$1 billion is wasted each year on quackery.

It is a shocking and disappointing fact that the National Institutes of Health allocates less than one percent of its budget on arthritis and musculoskeletal diseases — less than one percent on diseases that afflict 16 percent of our population. This is due, in part, to the fact that research on these diseases is all but submerged among a patchwork of unrelated research into other areas, such as kidney diseases, urology, and nutrition. As a member of the Senate Appropriations Subcommittee that appropriates these funds, I am well aware of how difficult it is to increase funding for research on diseases that are buried in the depths of one institute or the other. There is simply not enough visibility.

Mr. Chairman, arthritis and musculoskeletal diseases present a serious challenge to this Nation's collective health and well-being. The best way I see to meet this challenge is head-on, by establishing a National Institute to carry out a strong and focused effort to find the cause and treatment of these diseases.

I urge the Committee to act favorably on this measure.

CLAUDE PERPES, FLA.  
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WASHINGTON, D.C. 20515  
(202) 225-5351

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STAFF SECRETARY

July 20, 1982

Dear Mr. Chairman:

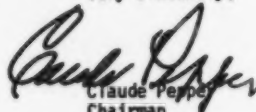
You are to be commended for convening a hearing of your Committee to examine pending legislation, S. 1939, which would establish a separate National Institute on Arthritis and Musculoskeletal Diseases within the National Institutes of Health.

As author of House companion legislation, H. R. 5006, the provision of which have been included in H. R. 6457 and ordered reported by the Energy and Commerce Committee, I wish to offer for the hearing record a statement in support of this important proposal.

Many thanks for your consideration of my request that this be included along with statements provided by other witnesses who will testify on this subject.

With kindest regards, and

Very sincerely,



Claude Perpes  
Chairman  
House Select Committee on Aging and  
Subcommittee on Health and Long-Term Care

The Honorable Orrin G. Hatch  
Chairman  
Committee on Labor and Human Resources  
U. S. Senate  
Washington, D. C. 20510

cc: The Honorable Edward M. Kennedy

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STATEMENT BY CONGRESSMAN CLAUDE PEPPER  
CHAIRMAN, HOUSE SELECT COMMITTEE ON AGING AND  
SUBCOMMITTEE ON HEALTH AND LONG-TERM CARE  
HEARING  
COMMITTEE ON LABOR AND HUMAN RESOURCES  
U. S. SENATE  
JULY 20, 1982

Mr. Chairman, I am grateful for this opportunity to share with you my reasons for having proposed the creation of a separate National Institute on Arthritis and Musculoskeletal Diseases and for urging your support for companion legislation, S. 1939, which was introduced by Senators Goldwater and Cranston.

Having been privileged, over the course of my service in both the Senate and House, to be associated with the establishment of a half dozen of the Institutes of Health I, like you, am deeply proud of their accomplishments. And I, too, am pledged to assure that the biomedical research community continues to enjoy the freedom and the support necessary to achieve to the height of its capabilities.

The NIH has fared better than other programs during this period of severe Budget constraints. But the Institutes must do more than survive; they must flourish if they are to fulfill their mission of finding the answers the Nation and the world await.

My concern over the status and the "health", if you will, of arthritis research is what led me to introduce this legislation, in order to bring to the Nation an important new focus on the most widespread, crippling diseases -- arthritis and musculoskeletal disorders.

On June 10 of last year, I conducted a hearing of my Subcommittee on Health and Long-Term Care to examine the state-of-the-art in arthritis research and the adequacy of Federal support for this endeavor. We heard compelling testimony from victims of arthritis and nationally prominent physician researchers.



From our hearing grew my determination that the human, social and economic impact of this disease is so profound as to require -- and merit -- the focus of a separate Institute.

Arthritis is not merely one disease; this term includes about 100 diseases of the joints and related structures. Their severity ranges from discomfort to severe, crippling pain and disability. Some are life-threatening. Most forms are more prevalent among women; low-income persons and those in rural areas are more likely to be affected.

While arthritis affects primarily older persons, some 250,000 children suffer from juvenile arthritis. Indeed some 32 million Americans suffer from some form of arthritis -- 37 million are afflicted by arthritis or a musculoskeletal disorder. These diseases are second in prevalence only to cardiopulmonary diseases.

The economic cost of these illnesses is second only to circulatory diseases. Every year, arthritis and related disorders account for some \$30 billion in health costs, lost wages, disability payments, and lost tax revenues.

Currently, our response to this overwhelming problem is a research commitment on the order of \$43 million a year. About \$1.50 per patient is spent for research, while the desperation of arthritis sufferers leads them to spend about \$1 billion on quack remedies every year. Taken another way, our people spend about \$32 per patient on quackery, while the Federal government spends less than \$2 for research to find real cures and, hopefully, the causes. We spend about 5 percent of the amount spent on quackery to fund legitimate research.

Research scientists believe they are close to identifying the causes of some forms of arthritis. Promising new leads, which need to be explored, have developed in the areas of genetics, virology, and immunology. And we have had amazing success in the development of artificial joints which bring relief to thousands. But the focus of our effort is so scattered -- some would say accidental -- that we cannot guarantee the results future efforts will bring.

That is why I urge, Mr. Chairman, that you offer or accept the provisions of S. 1939 as an amendment to S. 2311, the Committee-reported biomedical research bill, when it is debated by the Senate.

Some have charged that any proliferation of the Institutes is unhealthy. As the sponsor of the legislation which created the Institute in 1950, let me offer the opinion that the current make-up of the Institute is a result of another kind of proliferation. P. L. 81-692 created the National Institute of Arthritis and Metabolic Diseases. It has proliferated internally to become the Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases. This Institute now includes 10 different categories of unrelated diseases divided among four "clusters." In recent years, arthritis has slipped further and further down the totem pole in visibility and support.

It is my firm belief that the added visibility and focus of a separate Institute would attract more prestigious researchers to this important field. Rather than proliferation, I would prefer to consider the purpose of my bill as a return to a purity of purpose, a recommitment to the original purpose of acknowledging the importance of these diseases.

I have noted the Secretary's elevation of the current Institute to Bureau status. While this action appears to acknowledge the inadequacy of the current approach, I am afraid that it will not resolve the funding disequilibrium which has developed in recent years. It will not change the manner in which Congress appropriates funds or the way the Institute executes its budget.

By my support of a separate Institute, I by no means seek to understate the importance of the other disease categories addressed by the current Institute. To the contrary, they also would be able to have a more consistent focus under this concept.

With respect to cost, Mr. Chairman, it has been our intent all along not to press for large amounts of additional funding. Certainly it would be our hope that when the economy stabilizes we could invest more in arthritis research.

But our intention at this time is to upgrade arthritis research with basically the same funding it now receives.

On the matter of administrative overhead, which some have raised in objection to the bill, let me state, first, that I believe the Administration's estimate is considerably above what this Institute would require in start-up funds. We understand that this estimate was based on the start-up costs for the National Institute on Aging, which was started from "scratch" and with respect to which the NIH did not have the history which exists in regard to arthritis research. The new Arthritis Institute would be virtually self-contained, with few additional administrative staff necessary.

Alternative administrative cost estimates have been prepared, and I urge that you give these careful consideration. Even these costs could largely be avoided, if the Committee sees fit, by the mechanism of sharing some management functions, such as payroll, and maintaining the new Institute in current quarters until such time as a move becomes necessary or desirable.

Finally, Mr. Chairman, I believe you should consider a separate Institute for the very good reason that congressional intent has not been addressed within the current framework. In 1974, Congress made a substantial commitment by enactment of the National Arthritis Act, which established a National Commission on Arthritis. That Commission developed and presented, in 1976, a long-range arthritis plan with specific recommendations for the use of our national resources to combat arthritis. Unfortunately, neither the National Arthritis Act nor the Plan the law mandated has even come close to being implemented. If, in six years, arthritis research has not progressed despite clear congressional intent, I believe it is time to take another approach, and that is the approach I am today recommending.

I appreciate this opportunity to share my thinking with you and stand ready to assist in any way possible to guarantee sustained and aggressive forward movement in this important area of our national life.

## Arthritis Related Research 1981

|           |            |                      |         |
|-----------|------------|----------------------|---------|
| Cancer    | \$ 598,000 | GMS                  | 460,000 |
| Heart     | 852,000    | Child Health         | -       |
| Dental    | 2.5 M      | Environmental Health | 71,000  |
| Arthritis | 44.8 M     | Aging                | 1.8 M   |
| Neurology | 492,000    | DRR                  | 2.7 M   |
| Allergy   | 7.6 M      |                      |         |

The CHAIRMAN. Our first two witnesses will be the honorable Senator from Arizona, Senator Barry Goldwater, and the honorable Senator from Idaho, Senator Steve Symms. I want to apologize to both of you. I was meeting with the majority leader, and it took me just a few extra minutes to get here. So I apologize for having you wait. We are grateful for having you here, and we appreciate the leadership both of you are giving this particular area that really afflicts so many Americans and, really, people all over the world.

So, Senator Goldwater, we will turn to you and take your statement at this time.

**STATEMENT OF HON. BARRY GOLDWATER, A U.S. SENATOR  
FROM THE STATE OF ARIZONA**

Senator GOLDWATER. I thank you very much, Mr. Chairman. I thank you for scheduling an early hearing on the legislation I have introduced for a bipartisan group of 36 Senators who wish to create a separate National Institute on Arthritis and Musculoskeletal Diseases. Congressman Pepper, chairman of the House Aging Committee, has introduced similar legislation in the other body, and it has been ordered reported by the House Energy and Commerce Committee as an amendment to H.R. 6457, the Health Research Extension Act. I urge that your committee follow the precedent of the House committee and favorably report our bill, S. 1939, or accept it as a floor amendment to S. 2311, which is the Senate version of the health research legislation.

Mr. Chairman, I speak from firsthand experience with the problem of arthritis. I am 1 of 70,000 persons who had hip replacements last year, and my wife heads what is known as the Margaret Goldwater Arthritic Foundation of Arizona. I might say, the purpose of that foundation is to provide funds for indepth research and study into this problem.

Mr. Chairman, you may ask why I believe the problem is so serious that we should create another institute. First of all, I would point out that arthritis is our Nation's No. 1crippler. One out of every seven persons, 35 million Americans, suffer from arthritis. Over 7 million persons are severely disabled by the disease. Each



year, 6,000 people die because of arthritis. A million new cases are diagnosed every year.

While arthritis strikes heavily at older persons, you may be surprised to know that 250,000 children under 17 have chronic arthritic conditions. The rate of arthritis among children is higher than that of polio during the worst epidemics of the past.

Now, I know that the Director of the Institutes of Health opposed creation of a new institute. I am told a one-sided minihearing was held last Friday when the Director presented arguments against the bill to your committee staff. But I would remind you, Mr. Chairman, that the opponents are the same people who used the same arguments in opposing the Institute of Aging, the Eye Institute, and the Cancer Institute. They also opposed the National Arthritis Act of 1974. Their arguments were rejected in the past, and they should be rejected today.

You will remember that the 1974 act established a national commission to draw up a comprehensive plan for research dealing with arthritis. The commission recommended in 1976 that a National Institute of Arthritis should be created to lead the national effort against this and allied diseases. Thus, the bill we have introduced is not something new. It is a follow-on to a thorough and professional review of the subject that was made between the years 1974 and 1976. It is also the follow-on to hearings held by the House Aging Committee in June of 1981.

This record shows that arthritis has not received the concentrated attention that Congress intended when it set up the present Institute in 1950. Arthritis is now grouped with nine other major diseases, including diabetes, digestive disorders, and kidney diseases. A new institute, devoted exclusively to arthritis and related diseases, is needed in order to restore the original intent of Congress and focus attention on a disease that afflicts so many of our citizens.

Mr. Chairman, this is not just my opinion. I have received written statements from over 40 national groups and medical experts who support the bill. The Arthritis Foundation, the American Academy of Orthopedic Surgeons, and the American Association of Retired Persons are all represented in the audience today. The other groups and individuals have asked me to present their prepared statements to the committee. So, Mr. Chairman, I ask that these statements may appear in the published record of the hearings.

The CHAIRMAN. Without objection, they will.  
[Organizations supporting S. 1939 follows:]

#### ORGANIZATIONS SUPPORTING S. 1939

Arthritis Foundation  
American Academy of Orthopaedic  
Surgeons  
American Academy of Pediatrics  
American Congress of Rehabilitation  
Medicine

American Brittle Bone Society  
American Rheumatism Association  
American Health Professions Association  
American Juvenile Arthritis  
Organization  
American Association of Retired Persons

Senator GOLDWATER. Mr. Chairman, opponents of the bill have mistakenly charged that it may cost up to \$4 million to administer the new Institute, as if \$4 million would outweigh the \$30 billion of



medical costs and lost earnings resulting from arthritis. Workmen's compensation statistics from the Social Security Administration show that arthritis is the second most frequent cause of disability in workers. In addition, much of the rapidly growing costs of the medicare and medicaid programs are due to arthritis. If we could find cures or improve the treatment and therapy for arthritis, many of these costs could be eliminated.

Mr. Chairman, the true cost of administering the new Institute might reach \$1 million, not \$4 million, because almost \$3 million of this amount is already in the President's budget and will be transferred to the new Institute from the present one.

And Mr. Chairman, I ask also that a list of the current sponsors of S. 1939 may appear in the published hearings, together with a list of nine national organizations that support the bill.

The CHAIRMAN. Without objection, they will.

[The list referred to follows:]

**SPONSORS OF S. 1939—NATIONAL INSTITUTE ON ARTHRITIS AND MUSCULOSKELETAL DISEASE**

Mr. Goldwater, Mr. Cranston, Mr. Sarbanes, Mr. DeConcini, Mr. Pryor, Mr. Thurmond, Mr. Melcher, Mr. Symms, Mr. Matsunaga, Mr. Cannon, Mr. Abdnor, Mr. Nunn, Mr. Grassley, Mr. Warner, Mr. Murkowski, Mr. Mattingly, Mr. Bumpers, Mr. Kasten, Mr. Leahy, Mr. Burdick, Mr. Hollings, Mr. Rudman, Mr. Levin, Mr. Garn;

Mr. Zorinsky, Mr. Weicker, Mr. Exon, Mr. Biden, Mr. Roth, Mr. Randolph, Mr. Pell, Mr. Stafford, Mr. Specter, Mr. Cochran, Mr. Byrd (of W. Va.), and Mr. Lugar.

Senator GOLDWATER. Again, I thank you, Mr. Chairman. I know you have a terribly busy schedule, but that befalls the chairman of this committee. I served on it 12 years, and I know a little about it.

The CHAIRMAN. We have commiserated together about that. We appreciate your comments, Senator Goldwater, and your leadership in this area.

Senator Symms?

**STATEMENT OF HON. STEVEN D. SYMMS, A U.S. SENATOR FROM THE STATE OF IDAHO**

Senator SYMMS. Thank you very much, Mr. Chairman and Senator Goldwater. I appreciate the opportunity to testify in support of S. 1939, to establish within the National Institutes of Health a separate Institute for Arthritis and Musculoskeletal Diseases. I do come to speak in support of the bill and the companion measure, H.R. 5006, which has been ordered reported favorably by the House Energy and Commerce Committee as an amendment to their NIH authorization bill.

The committee is going to be hearing from distinguished professionals here today, and I understand that two newly appointed directors at NIH will be here. We welcome them here today.

Although this forum may present some differences of opinion on how to achieve our goals, I am sure we agree on the mission of the National Institutes of Health: to improve the health of the American people by conducting and supporting biomedical research into the causes, prevention, and cure of diseases, and to communicate that information to those in need of or providing medical care and treatment. I feel certain, too, that we share a sincere concern about

the life imprisonment to which arthritis victims are condemned by this affliction.

With an estimated 37 million Americans suffering from arthritis or other musculoskeletal diseases, that is one of every six people in America, and of these a quarter of a million are children. The population at risk includes everyone, from infants to our most elderly. And, unfortunately, the percent afflicted is growing at the rate of 1 million each year, from 10 percent in 1969 to 16 percent today.

Arthritis is the major cause of disability in America, with over 7 million people severely disabled. The economic impact to our Nation is estimated to approach \$30 billion per year. That is represented by medical care and treatment costs, disability payments, half of all the workers' compensation claims, lost earnings, diminished tax revenues, and so forth. That does not include the estimated \$1 billion per year spent by the victims seeking relief through purchases of unproven or ineffective remedies, gimmicks, or useless treatment.

As we look at the number of sufferers, the growing incidence, and the economic impact on the families as well as the Government, we realize the significance of these devastating diseases and their effects: a diminished quality of life over entire lifetimes.

I think the question we should ask is. What is being done to help? Significant advances are being made in the treatment of arthritis. Surgery, pain-relieving drugs, and physical therapy are helping to restore functioning to the disabled. Research is continuing, with important advances in identifying the causes of some of the more than 100 forms of arthritic conditions. Significant discoveries from grant-supported research are increasing our level of scientific knowledge about arthritis and related diseases. But with accelerated effort, perseverance, and determination, I believe the scientific community could make major advances in the prevention, treatment, and cure of this most widespread of chronic diseases afflicting Americans.

In my view and that of others, arthritis and musculoskeletal disease research has not received the focus and priority warranted. Part of the reason is that the arthritis research has been lumped together in the current National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases, commonly referred to as NIADDK. The 1982 revised operating plan for this Institute, totaling \$353 million for research project grant funding, allocates only 19 percent for arthritis, musculoskeletal, and skin diseases research, while 46 percent is allocated for diabetes research.

The 1974 National Arthritis Act recognized that the focus on arthritis should be sharpened. In 1976, the "arthritis plan" was submitted to the Congress after the National Commission on Arthritis and Musculoskeletal Diseases conducted nationwide hearings and investigations. This National Commission recommended the establishment of a separate institute directed specifically toward the problems of arthritis and allied rheumatic diseases.

Unfortunately, the original intent of Congress and the focus on arthritis has been lost through the shifting of health priorities. It is my opinion that it is time for us to take a new look at the direction and focus on arthritis and musculoskeletal diseases and make it a national priority. The establishment of a separate institute to ad-

dress the problems of these crippling diseases would provide an environment to attract researchers to the field. By demonstrating the concern of the Federal Government, we would provide the incentive and encouragement to the private sector for financial support of research to complement the publicly funded research.

We need the visibility, the focus, and the strength which a separate institute would provide to arthritis and musculoskeletal diseases. In removing this cluster from the NIADDK umbrella, this would at the same time give sharper focus to the remaining clusters: diabetes, digestive diseases, and kidney diseases. Reestablishing a separate institute will not only restore the original intent of Congress, Mr. Chairman, but it will insure that adequate attention is focused on a disease that afflicts so large a segment of this population. Even with current budget restraints, the added focus on arthritis research will, at minimum, attract more established and experienced research scientists.

Our struggle with the economic problems of the country is painful right now, as we work to make the most of our limited tax dollars. But the high cost of human suffering caused by arthritis makes it imperative to devote more attention and research to these diseases for the well-being, health, and rehabilitation of those afflicted by the Nation's No. 1crippler. A strong voice must be raised for arthritis victims who, because of their disability, cannot be here today. I speak for them in urging a renewed emphasis on arthritis research and information services through a separate Institute for Arthritis and Musculoskeletal Diseases.

Mr. Chairman, I thank you for the opportunity to share my strong support for this legislation. I ask unanimous consent that my entire statement be printed in the record, and I wish to thank the chairman of this committee for his continued concern in this very, very important area in the health field in this country. Thank you.

The CHAIRMAN. Thank you, Senator. Without objection, we will put your full statement into the record. We appreciate the concern and the effort that you have put forth in this matter. Thank you for coming.

[The prepared statement of Senator Symms follows:]



TESTIMONY  
OF  
SENATOR STEVE SYMMS  
BEFORE THE  
LABOR AND HUMAN RESOURCES COMMITTEE  
JULY 20, 1982

Senator Hatch, Senator Goldwater, Members of the Labor and Human Resources Committee, Ladies and Gentlemen.

First of all, I'd like to thank the Chairman for his willingness to hold a hearing on this legislation, S. 1939, to establish within the National Institutes of Health a separate institute for arthritis and musculoskeletal diseases.

Along with Senator Goldwater, I speak in support of this bill, which has 34 sponsors in the Senate, and whose companion measure, H.R. 5006, has been ordered reported favorably by the House Energy and Commerce Committee as an amendment to their NIH authorization bill.

The Committee will be hearing from some distinguished professionals today. I understand that two newly appointed directors at NIH will testify: Dr. James Wyngaarden, Director of the National Institutes of Health since May 1 of this year; and Dr. Lester Salans, Director of the National Institute of Arthritis, Diabetes and Digestive and Kidney Diseases since the first of July. We welcome them today.

Although this forum may present some differences of opinion on how to achieve our goals, I'm sure we agree on the mission of the National Institutes of Health: to improve the health of the American people by conducting and supporting biomedical research into the causes, prevention and cure of diseases, and to communicate that information to those in need of or providing medical care and treatment.

I feel certain, too, that we share a sincere concern about the life imprisonment to which arthritis victims are condemned by this affliction. With an estimated 37 million Americans suffering from arthritis or other musculoskeletal diseases, that's one of every six people in America! And of these, a quarter million are children.

The population at risk includes everyone, from infants to juveniles, to young adults, to our most elderly. And, unfortunately, the percent afflicted is growing, at the rate of one million each year, from 10 percent in 1969 to 16 percent today.

Arthritis is the major cause of disability in America, with over 7 million people severely disabled. The economic impact to our nation is estimated to approach \$30 billion a year -- represented by medical care and treatment costs, disability payments, half of all workers compensation claims, lost earnings, and diminished tax revenues. This doesn't include the estimated \$1 billion a year spent by the victims seeking relief through purchases of unproven or ineffective remedies, gimmicks or useless treatment.

As we look at the number of sufferers, the growing incidence, and the economic impact on the families as well as the government, we realize the significance of these devastating diseases and their effects -- a diminished quality of life over entire lifetimes!

What is being done to help? Significant advances are being made in the treatment of arthritis. Surgery, pain-relieving drugs and physical therapy are helping to restore functioning to the disabled. Research is continuing, with important advances in identifying the causes of some of the more than 100 forms of arthritic conditions. Significant discoveries from grant-supported research are increasing our level of scientific knowledge about arthritis and related diseases. With accelerated effort, perseverance and determination,

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I believe the scientific community could make major advances in the prevention, treatment and cure of this most widespread of chronic diseases afflicting Americans.

In my view and that of others, arthritis and musculoskeletal disease research has not received the focus and priority warranted. Part of the reason is that arthritis research has been lumped together in the current National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases (NIADDK). The 1982 Revised Operating Plan for this institute, totalling \$353 million for Research Project Grant Funding, allocates only 19 percent for Arthritis, Musculoskeletal and Skin Diseases research, while 46 percent is allocated for Diabetes research.

The 1974 National Arthritis Act recognized that the focus on arthritis should be sharpened. In 1976 the "Arthritis Plan" was submitted to the Congress after the National Commission on Arthritis and Musculoskeletal Diseases conducted nationwide hearings and investigations. This national commission recommended the establishment of a separate institute directed specifically toward the problems of arthritis and allied rheumatic diseases.

Unfortunately, the original intent of Congress and the focus on arthritis has been lost through the shifting of health priorities. I believe it is time we took a new look at the direction and focus on arthritis and musculoskeletal diseases, and made it a national priority. The establishment of a separate institute to address the problems of these crippling diseases would provide an environment to attract researchers to the field. By demonstrating the concern of the Federal government, we would provide the incentive and encouragement to the private sector for financial support of research to complement the publicly funded research.

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We need the visibility, the focus and the strength which a separate institute would provide to arthritis and musculoskeletal diseases. In removing this cluster from the NIADDK umbrella, this would at the same time give sharper focus to the remaining clusters: diabetes, digestive diseases and kidney diseases.

Reestablishing a separate institute will not only restore the original intent of Congress, <sup>Mr. Hansen</sup> but will ensure that adequate attention is focused on a disease that afflicts so large a segment of the population. Even with current budget restraints, the added focus on arthritis research will, at minimum, attract more established and experienced research scientists.

Our struggle with the economic problems of the country is painful right now, as we work to make the most of our limited tax dollars, but the high cost of human suffering caused by arthritis makes it imperative to devote more attention and research to these diseases for the well-being, health, and rehabilitation of those afflicted by the Nation's number onecrippler.

A strong voice must be raised for arthritis victims <sup>who</sup> because of their disability cannot be here today. I speak for them in urging a renewed emphasis on arthritis research and information services through a separate institute for arthritis and musculoskeletal diseases.

<sup>Mr. Hansen</sup> Thank you for allowing me the opportunity to share with you my strong support for this legislation. Good afternoon.

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The CHAIRMAN. Our next witness, representing the administration, is Dr. James B. Wyngaarden, newly appointed Director of the National Institutes of Health. He has achieved honors as a teacher, a scholar, and a researcher at the Duke University Medical School and nationally.

Dr. Wyngaarden, we are certainly happy to have you here today, and we are looking forward to hearing your testimony with regard to this subject.

**STATEMENT OF JAMES B. WYNGAARDEN, M.D., DIRECTOR, NATIONAL INSTITUTES OF HEALTH, ACCOMPANIED BY LESTER B. SALANS, M.D., DIRECTOR, NATIONAL INSTITUTE OF ARTHRITIS, DIABETES, AND DIGESTIVE AND KIDNEY DISEASES**

Dr. WYNGAARDEN. Thank you, Senator Hatch. I have with me Dr. Lester Salans, Director of the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases.

Mr. Chairman, I appreciate the opportunity of speaking on Senate bill 1939. The legislation proposes, among other things, to transfer arthritis programs from the present National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases in order to create a new institute.

I have two major objectives in my testimony, Mr. Chairman. The first is to speak in opposition to the creation of a National Institute of Arthritis and Musculoskeletal Diseases at this time. The second is to speak to a larger issue of which this proposal is a part, namely, the recurring calls for the creation of additional categorical institutes at the NIH.

There is a perception that the way to accelerate medical progress is to organize the research on a particular disease into a separate institute. Mr. Chairman, I believe such well-intentioned proposals rest upon an erroneous conception of how biomedical research actually functions most effectively.

Biomedical research today tends toward a focus on the cellular and molecular origins of disease, on the discovery of unifying concepts of the life process itself. Such basic biomedical research takes place in all the NIH institutes. Its pace is a function of scientific opportunity, available funds, and the creative insight of the scientist, not of the number or names of the institutes. Basic research in one institute may underlie a clinical application in another.

An apt comment on the importance of basic research comes from Irving Langmuir, a Nobelist in chemistry, who said:

Only a small part of scientific progress has resulted from a planned search for specific objectives. A much more important part has been made possible by the freedom of the scientist to follow his own curiosity in search of truth.

Turning first to S. 1939, I want to emphasize that while we understand the goals of the legislation to create a separate Arthritis Institute, Mr. Chairman, we must respectfully oppose the proposal as counterproductive on scientific, managerial, and fiscal grounds. We believe the objectives of the proposed new institute already are being actively and capably pursued by the present NIADDK. Arthritis and musculoskeletal diseases already are receiving a very high level of research priority within the NIH, as they should.

Arthritis-related research is conducted through several institutes at the NIH, in addition to that in NIADDK. In fact, about 25 percent of this work takes place in the Allergy and Infectious Diseases; Cancer; Heart, Lung, and Blood; Dental; Aging; and General Medical Sciences Institutes. The location of the largest programs in arthritis research in NIADDK creates a cross-fertilization of ideas and technologies through close integration of arthritis research with disciplines to which it is closely related. Progress in arthritis-related research requires an understanding of genetics, metabolism, immunology, endocrinology, and nutrition.

I might mention at this point, Mr. Chairman, my own interest in this subject. For 30 years, I have been personally involved in arthritis-related research and research training. It is with that background that I approach the question before us today.

The term "arthritis" refers to a broad family of more than 100 rheumatic and related disorders, many of which involve not only the musculoskeletal system but blood vessels, kidneys, lungs, skin, eyes, and brain as well. The arthritis and musculoskeletal diseases area currently derives significant advantages from its close association with other areas of NIADDK through the sharing of basic biomedical research approaches and disciplines.

It would be very damaging to many other programs at NIADDK and the NIH if all these research endeavors relevant to arthritis were collected into one institute. Arthritis research will be more effective if the arthritis and musculoskeletal programs remain integrated with others of NIADDK. If new funds were to be appropriated when the economy improves, they should be applied to basic science areas of greatest scientific opportunity, since we cannot predict where breakthroughs will arise.

I mentioned earlier that NIADDK is pursuing the objectives of the proponents of a new arthritis institute actively and capably at present. Let me expand on that statement. As you know, Dr. Salans, a highly regarded scientist and experienced administrator, was recently named director of NIADDK. In recognition of the importance of research into arthritis and musculoskeletal diseases, Secretary Schweiker, last April 22, elevated NIADDK to the level of a bureau of the Public Health Service. In so doing, the Secretary created a separate Division of Arthritis, Musculoskeletal, and Skin Diseases within the bureau. With this new bureau status and Dr. Salans at the helm of NIADDK, Mr. Chairman, I can assure you that the arthritis research program will be pursued vigorously.

The Institute has begun a comprehensive program of management initiatives, including the following: Stronger roles for the division directors, in order to achieve greater autonomy, independence, and public visibility for the divisions; the identification of research projects that cut across categorical disease areas, in order to integrate and coordinate more closely support of related research; the implementation of remaining major facets of the national arthritis plan; and improvement of working relationships with professional and lay groups with an interest in NIADDK, including strengthening the role of the NIADDK National Advisory Council and of the National Arthritis Advisory Board.

I would like to call the committee's attention to a table and two graphs concerning NIADDK support for research in this area be-



tween 1976 and 1981. The table shows that during the past 5 years, funding for research related to arthritis and musculoskeletal diseases increased from approximately \$27 million in 1976 to more than \$61 million in 1981.

The first graph shows the extent of growth of the arthritis and musculoskeletal program during the past 5 years, compared with both the total NIADDK and total NIH programs. The same dramatic increase shown in this graph would be found if one were to look at a 10-year period, 1971 to 1981.

The second graph compares the arthritis and musculoskeletal and skin diseases research program with the other three research clusters within NIADDK: Diabetes, endocrinology, and metabolic diseases, abbreviated DEM; kidney urologic, and hematologic diseases, KUH; and digestive diseases and nutrition, DDN.

As you can see, Mr. Chairman, whether compared with NIADDK, with the NIH as a whole, or with other research clusters, it is clear that arthritis and musculoskeletal disease research has been effectively promoted in recent years. I can assure you that there will be no lessening of that effort in the future.

Mr. Chairman, the creation of a new institute would require substantial additional expenditures and personnel. Personnel would be needed to staff the administrative offices of a new institute, including extramural program management, direct operations, and the administration of intramural research. These positions would need to be taken from elsewhere in the NIH, thus draining the resources of other institutes.

We estimate that the cost of extramural program management, direct operations, and the administrative portion of the intramural research program for a new institute would total approximately \$5 million in the first year alone. Like personnel, funds to support the administrative costs of a new institute must be found by cutting back in other areas. We would have to reduce direct research activities in order to pay the administrative costs necessary to set up a new institute.

For example, in the area of investigator-initiated research projects, we project support for 126 new and competing grants under the President's fiscal 1983 budget for the Arthritis, Musculoskeletal, and Skin Diseases Division. If additional funds were not newly appropriated, establishment of a new institute would mean that funding for some 40 of these projects may need to be diverted to new administrative and operating costs. That would amount to a reduction by one-third of the competing grants in the arthritis and musculoskeletal diseases research area. I suggest that we should be investing in research, not in new institutes.

I would like to return now to the broader issue mentioned earlier, namely the question of additional categorical disease-specific institutes at the NIH. There is no question that this approach has been highly successful in the past, but I believe we are at a stage in the development of biomedical knowledge and of the NIH when it is appropriate to take a close analytical look at the structure of the research endeavor and its management.

The basic question is, How best can we maintain our momentum and achieve maximum benefit from our research investment? From a scientific viewpoint, Mr. Chairman, it may be wise to examine



the categorical disease-oriented structure of the NIH. Modern biomedical research focuses increasingly on the underlying processes of sickness and health, and less so on the symptoms of specific disease entities. It is from such deeper understanding of the life processes that we can expect the most important preventive and therapeutic achievements in the years ahead.

From the fiscal and managerial point of view, we are faced with the question of whether organizational complexity tends to be counterproductive. At present, for example, 29 senior officers of organizational units within the NIH report directly to the director. There are 16 separate budgets to develop and manage each year.

Questions concerning the NIH organization have arisen repeatedly in the past. The situation was summarized just 5 years ago by the President's Biomedical Research Panel, which concluded:

The creation of additional institutes is not likely to make the NIH more effective; it might well make it less so. Therefore, if new programs are to be established, or existing programs strengthened, this should be accomplished through the present Institutes rather than through the creation of new ones.

Mr. Chairman, I believe we are at a stage of development when another careful review of the NIH organizational pattern is in order. Pending now before the House is a proposal that the Institute of Medicine review the effectiveness of the existing combinations of disease research programs and the criteria which should be followed in establishing new or realigning existing national research institutes. Secretary Schweiker has expressed his support of such a study. I hope that the committee might take the subject under consideration.

In conclusion, I should inform the committee that the National Arthritis, Diabetes, and Digestive and Kidney Diseases Advisory Council expressed opposition to the creation of a new arthritis institute at this time. The National Arthritis Advisory Board did not express support for the concept of a new institute at its recent meeting.

Many health and professional organizations have expressed concern over the creation of an arthritis institute and its likely impact on the proliferation of categorical institutes. They include the American Federation for Clinical Research, the American Medical Association, the Federation of American Societies for Experimental Biology, the American Society for Hematology, the Cooley's Anemia Foundation, the Association of American Medical Colleges, the National Academy of Sciences, and the American Kidney Foundation.

I hope, Mr. Chairman, that the committee will support our position opposed to the creation of an arthritis institute at this time. Further, I hope the committee will endorse the proposal for a study of the structure of the NIH and defer consideration of an arthritis or any other new institute until that study is completed.

Thank you, Mr. Chairman. I will be pleased to answer any questions the committee might have.

[The prepared statement of Dr. Wyngaarden follows:]

## STATEMENT

BY

JAMES B. WYNGAARDEN, M.D.

Mr. Chairman and Members of the Committee:

Thank you for the opportunity to comment on S. 1939, a bill to establish a National Institute of Arthritis and Musculoskeletal Diseases at the National Institutes of Health. The legislation proposes, among other things, to transfer arthritis programs and activities from the present National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases (NIADDK) in order to create the new institute.

I have two major objectives in my testimony, Mr. Chairman. The first is to speak in opposition to the creation of a National Arthritis Institute at this time. The second is to speak to a larger issue of which this proposal is a part, namely the recurring calls for the creation of additional, categorical, or disease-specific Institutes at the NIH where we now have 11 such Institutes.

In calling the attention of the Committee to what I perceive to be the dangers of this movement for additional Institutes, I do not wish to impugn in any way the motives of those who recommend this course of action. There is a perception among the public and also among many voluntary health agencies that the way to accelerate progress in the understanding, treatment, cure, and prevention of a particular disease is to organize the research in that disease into a separate institute. Mr. Chairman, I believe such well-intentioned proposals rest upon an erroneous conception of how biomedical research actually functions most effectively.

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Biomedical research today tends toward a focus on the cellular and molecular origins of disease, on the discovery of unifying concepts of the life process itself. Discoveries in one field of basic biological science may lead to breakthroughs in the treatment or prevention of human disease in some quite unforeseen disease category. Such basic biomedical research takes place in all the NIH Institutes. Its pace is a function of scientific opportunity and available funds and the creative insight of the scientist, not of the number or names of the Institutes.

An apt comment on the importance of basic research comes from Irving Langmuir, a Nobelist in chemistry, who said: "Only a small part of scientific progress has resulted from a planned search for specific objectives. A much more important part has been made possible by the freedom of the scientist to follow his own curiosity in search of truth."

Later in this statement I will cite examples of how cross-fertilization of scientific ideas has contributed to the therapeutic progress against specific diseases. I will also offer some suggestions as to how we might approach the broad issue of management of the biomedical research enterprise.

#### Administration Position on S. 1939

Turning first to S. 1939, I want to emphasize that while we understand the goals of the legislation to create a separate Arthritis Institute, Mr. Chairman, we must respectfully oppose the proposal as counter-productive on scientific, managerial, and fiscal grounds. We believe the objectives of the proposed new Institute are already being actively and capably pursued by

the present NIADDK. Arthritis and musculoskeletal diseases are already receiving a very high level of research priority within NIH, as they should. This group of arthritic disorders, which affect some 37 million Americans and cripple some 5 million, warrants our urgent attention. Such an emphasis is being directed at these maladies within our present resources and structure.

Arthritis-related research is conducted through several Institutes at NIH, in addition to that in NIADDK. In fact, about 25 percent of this work takes place in the Allergy and Infectious Disease, Cancer, Heart, Dental, Aging, and General Medical Sciences Institutes. The location of the largest programs in arthritis research in NIADDK creates the cross-fertilization of ideas and technologies through the close integration of arthritis research with related disciplines. Progress in arthritis-related research requires a greater understanding of genetics, metabolism, immunology, endocrinology, and nutrition.

I might mention at this point, Mr. Chairman, my personal interest in this subject. For some 30 years, I have been involved in arthritis-related research. In the early 1950's as a scientist in the National Institute of Arthritis and Metabolic Diseases, I worked on the chemical transformation of cortisone and other steroids in normal and arthritic subjects. My major research interest over more recent years has been the role of purine and uric acid metabolism in gouty arthritis. At the Duke University School of Medicine, I was in charge of the arthritis research training program from 1960 until just this spring when I returned to the NIH. It is with that kind of background that I approach the question before us today.



### Scientific Considerations

I should point out, Mr. Chairman, that the term "arthritis" refers to a broad family of more than 100 rheumatic and related disorders of the joints and connective tissues. Some disorders that produce arthritis involve not only the musculoskeletal system, but the blood vessels, kidneys, lungs, skin, eyes, and brain as well.

Because so many different systems of the body may be involved in these diseases, the arthritis and musculoskeletal disease area currently derives significant advantages from its close association with other areas of NIADK through the sharing of basic biomedical research approaches and disciplines. Let me cite a few examples of the interrelatedness of programs in the field of arthritis and musculoskeletal diseases.

Systemic lupus erythematosus, abbreviated as SLE, is a relatively common disease that can affect many organs and is, therefore, under study throughout NIADK as well as in the Allergy, Cancer, and Heart Institutes. Lupus nephritis affects the kidney and is the most serious manifestation of this disease. It is of special concern to the kidney program within NIADK. Lupus also involves the skin and hair. These manifestations are of special concern to the skin program of NIADK. Steroid treatment of lupus involves the metabolism and diabetes programs. Blood-clotting abnormalities of lupus are studied by scientists in the hematology and nutrition programs.

Osteoporosis is a disorder of bone metabolism found in several forms of arthritis. It also occurs independently. It is a major concern of the

metabolism program within NIADDK and is also studied in several other Institutes such as those for Aging, Dental Research, Child Health, and General Medical Sciences.

The role of infection, by viruses or bacteria, is another important area of study in many forms of arthritis. It has long been known that infections by such bacteria as staphylococcus and gonococcus can lead to joint inflammation. A new disease, Lyme arthritis, was discovered in 1976 and traced to a tick bite and a spirochete infection. It is being examined as a model for the study of infection as an initiator of arthritis. Recent research shows that antibiotic treatment can lessen or prevent the symptoms of this disorder. The Lyme arthritis research is sponsored by NIADDK and the National Institute of Allergy and Infectious Diseases (NIAID).

The kind of work illustrated by lupus erythematosus, osteoporosis, and Lyme arthritis, but applicable more generally, benefits from the collaborative research climate that now prevails at NIADDK and across NIH, but it might not be as effective in a more narrowly defined and separate structure. There is the possibility that, through separation, research efforts may be isolated, even duplicative, and that biological interrelationships may not be explored fully. In a complex disease area like arthritis, Mr. Chairman, basic research is essential and, in that endeavor, cross-feeding and interchange of ideas must be encouraged.

It would be very damaging to many other programs of NIADDK and NIH if all of these research endeavors relevant to arthritis were collected into one

institute. Conversely, there is no special merit in establishing a new institute to promote the study of arthritis unless substantially greater resources were to be provided. And when the economy improves, increased funds for arthritis research would be more effective if the arthritis and musculoskeletal program remained integrated with others of NIADDK, and if new funds could be applied to basic science areas of greatest scientific opportunity.

#### New Management Initiatives

I mentioned earlier that NIADDK is pursuing the objectives of the proponents of the new arthritis institute actively and capably at present. Let me expand on that statement.

First, as you know, Dr. Lester B. Salans, a highly regarded scientist and experienced administrator, was recently named Director of NIADDK. Dr. Salans has been with NIADDK since 1976 and has served as acting director since last October so there will be no need for a "startup" period in his administration of the Institute's research programs.

In recognition of the importance of research into arthritis and musculoskeletal diseases, Secretary Schweiker last April 22 elevated NIADDK to the level of Bureau of the Public Health Service. In so doing, the Secretary created a separate Division of Arthritis, Musculoskeletal and Skin Diseases within the Bureau. This will greatly increase the visibility and stature of research into arthritis and musculoskeletal diseases, while maintaining the close interrelationship among research efforts within NIADDK.

With this new Bureau status and Dr. Salans at the helm of NIADDK, Mr. Chairman, I can assure you that the arthritis research program will be pursued vigorously. For example, the Institute has begun a comprehensive program of management initiatives, including the following:

- Stronger roles for the Division Directors, in order to achieve greater autonomy, independence, and public visibility for the Divisions.
- Identification of research projects that cut across categorical disease areas and are common to more than one program, in order to integrate and coordinate more closely support of related research.
- Implementation of remaining major facets of the National Arthritis Plan, the National Diabetes Plan, and the National Digestive Diseases Plan.
- Development of a new system for allocating funds among the Institute's programs.
- Improvement of working relationships with professional and lay groups with an interest in NIADDK, including strengthening the role of the NIADDK National Advisory Council, and increased involvement with, and support of, the activities of the National Advisory Boards for Arthritis, Diabetes, and Digestive Diseases.

Even before these management initiatives were launched, significant emphasis was placed on research into arthritis and musculoskeletal diseases. To illustrate, I would like to call the Committee's attention to a table and two graphs concerning NIADDK support for research in this area between 1976 and 1981.



The table shows that during the past five years, funding for research related to arthritis and musculoskeletal diseases increased from approximately \$27 million in 1976 to more than \$61 million in 1981.

The first graph shows the extent of growth of the Arthritis and Musculoskeletal (AMS) program during the past five years, compared with both the total NIADDK and total NIH programs. The same dramatic increase is found when one looks at the ten-year period, 1971-81.

The second graph compares the arthritis and musculoskeletal and skin diseases research program with the other three research clusters within NIADDK, Diabetes, Endocrinology, and Metabolic Diseases (DEM); Kidney, Urologic, and Hematologic Diseases (KUH); and Digestive Diseases and Nutrition (DDN).

As you can see, Mr. Chairman, whether compared with NIADDK, with NIH as a whole, or with the other research clusters, it is clear that arthritis and musculoskeletal disease research has been effectively promoted in recent years.

Priority support of this kind, along with new management emphasis in the arthritis area will, I am confident, build on research advances of the past five years. Among these are the following:

- Improvement in techniques for joint replacement, especially artificial hips;

- Evidence that some forms of arthritis apparently involve a genetic predisposition which may be "triggered" by environmental factors;
- Development of new arthritis drugs, based on knowledge gained from basic and clinical studies;
- Greater understanding of immune mechanisms responsible for some forms of arthritis and their potential for specific therapeutic intervention;
- Greater understanding of the inflammatory process and potential for therapeutic intervention.

I suggest, Mr. Chairman, that this kind of investment and achievement in arthritis research demonstrates that this effort is well served within the framework of NIADDK. I can assure you that there will be no lessening of that effort in the future.

#### Fiscal Considerations

Mr. Chairman, the creation of a new Institute would require substantial additional expenditures and personnel. Personnel would be needed to staff the administrative offices of a new institute, including extramural program management, direct operations, and the administration of intramural research. These positions would need to be taken from elsewhere in NIH, thus draining the resources of other Institutes.

We estimate that the cost of extramural program management, direct operations, and the administrative portion of the intramural research program for a new Institute would total approximately \$5 million in the first year alone. Like personnel, funds to support the administrative costs of a new

institute must be found by cutting back in other areas. We would have to reduce direct research activities in order to pay the administrative costs necessary to set up a new institute.

The cost estimates are based on the average administrative requirements for an institute of the size being contemplated. They also incorporate the administrative experience of NIADDK which, incidentally, reports the second lowest administrative costs of the 11 Institutes at NIH.

These cost estimates are conservative, Mr. Chairman. But we have prepared them with the concept of a vigorous and dynamic Arthritis Institute in mind, which we assume is a major objective of the proponents of this legislation. The personnel estimates reflect that concept. The estimates would move higher if an expanded role was assigned to the new Institute.

At a time when we are all asked to be prudent financial managers, expenditure of approximately \$5 million in additional funds for administration would erode already limited funding for basic and clinical research in the extramural and intramural programs of the NIADDK as a whole and, more to the point, in arthritis-related research as well.

For example, in the area of investigator-initiated research projects--the foundation of our basic research program--we project support for 126 new and competing grants under the President's fiscal 1983 budget for the Arthritis, Musculoskeletal and Skin Diseases Division. If additional funds were not newly appropriated, establishment of a new institute would mean that funding

for some 40 of these projects may need to be diverted to new administrative and operating costs. That would amount to a reduction by one-third of the competing grants in the AMS research area.

For these reasons--scientific, managerial, and fiscal--we believe it would not be in the best interest of our research programs to establish a separate Arthritis Institute at this time. I suggest that we should be investing in research, not institutes.

#### A Broader Perspective

I would like to return now to the broader issue mentioned earlier, namely, the question of additional categorical, disease-specific Institutes at NIH. Through the years, concern over various disease and organ systems has prompted the Congress to establish new Institutes at NIH.

Given the many still unsolved disease entities, and their serious threats to health and well-being, there is virtually no end to the possibilities for creation of additional categorical Institutes. There are many arguments for and against this organizational approach to the nation's biomedical research effort.

There is no question that this approach has been highly successful in the past. But I believe we are at a stage in the development of biomedical knowledge, and of NIH, when it is appropriate to take a close analytical look at the structure of the research endeavor and its management. The basic



question is: How best can we maintain our momentum and achieve maximum benefit from our research investment?

From a scientific viewpoint, Mr. Chairman, it may be wise to examine the categorical, disease-oriented structure of NIH. Modern biomedical research focuses increasingly on the underlying processes of sickness and health, less so on the symptoms of specific disease entities. It is from such deeper understanding of the life processes that we can expect the most important preventive and therapeutic achievements in the years ahead.

From the fiscal and managerial point of view, we are faced with the question of whether organizational complexity tends to be counterproductive. At present, for example, 29 senior officers of organizational units within NIH report to the Director; there are 16 separate budgets to develop and manage each year.

Questions concerning NIH organizations have arisen repeatedly in the past, but they seem to be more urgent today. The situation was summarized just five years ago by the President's Biomedical Research Panel which said, after a comprehensive study, that the categorical organization of NIH has created two challenges to management: "(1) an ever-increasing span of control for the Director, NIH, and (2) a need to assure that this structure does not inhibit interdisciplinary research at a time when all aspects of research, whether fundamental or applied, are increasingly interrelated." The Panel concluded that:

"...the creation of additional Institutes is not likely to make the NIH more effective; it might well make it less so. Therefore, if new programs are to be established, or existing programs strengthened, this should be accomplished through the present Institutes rather than through the creation of new ones."

Mr. Chairman, I believe we are at a stage of development when another careful review of the NIH organizational pattern is in order.

Pending now before the House is a proposal for such an evaluation. It calls for a study by the Institute of Medicine, a component of the National Academy of Sciences, which would review the effectiveness of the existing combinations of disease research programs within the individual national research Institutes and of the criteria which should be followed in establishing new or realigning existing national research institutes. Secretary Schweiker has expressed his support of such a study. I agree that such an evaluation would be timely and hope that the Committee might take the subject under consideration.

In conclusion, I should inform the Committee that the National Arthritis, Diabetes, and Digestive and Kidney Diseases Advisory Council expressed opposition to creation of a new Arthritis Institute at this time, and the National Arthritis Advisory Board did not express support for the concept of a new institute at its recent meeting.

Many health and professional organizations have expressed concern over creation of an Arthritis Institute and its likely impact on proliferation of categorical institutes. They include: The American Federation for Clinical Research, the American Medical Association, The Federation of American Societies for Experimental Biology, the American Society of Hematology, Cooley's Anemia Foundation, the Association of American Medical Colleges, the National Academy of Sciences, and the American Kidney Foundation.

I hope, Mr. Chairman, that the Committee will support our position opposed to the creation of an Arthritis Institute at this time. Further, I hope the Committee will endorse a proposal for a study of the structure of NIH and defer consideration of an arthritis or any other new institute until that study is completed.

I will be pleased to answer any questions the Committee might have.

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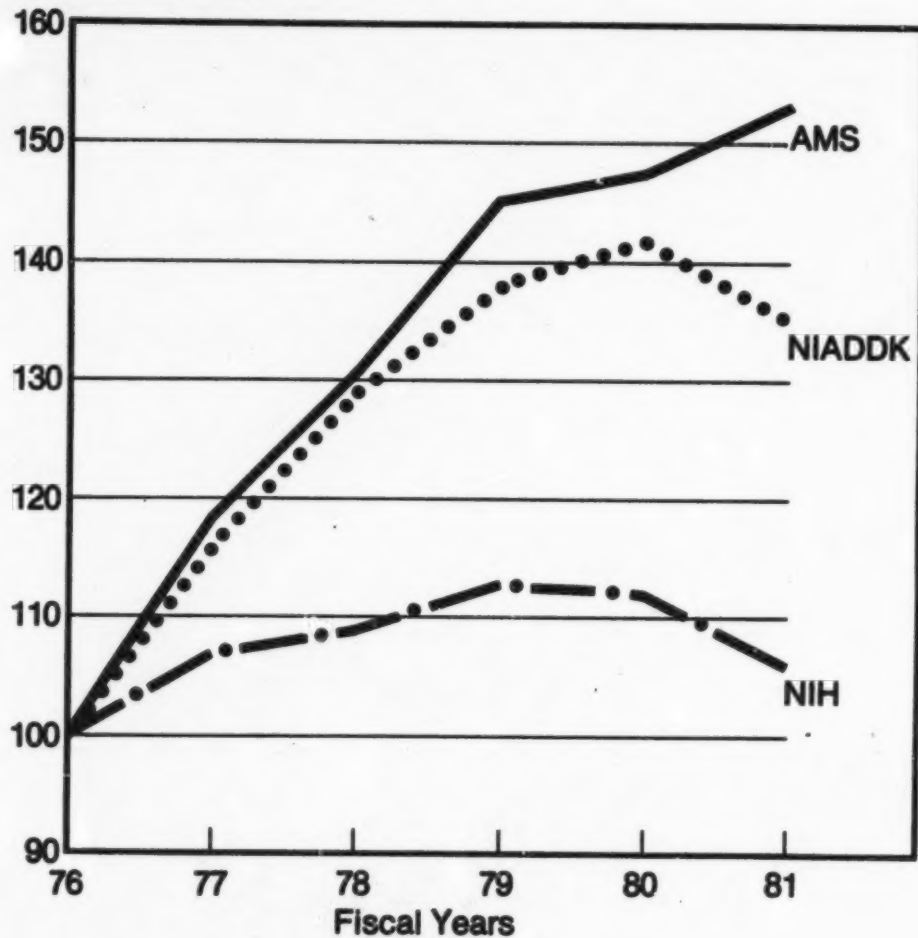
**Budgets of the National Institute of Arthritis,  
Diabetes, and Digestive and Kidney Diseases**  
(In thousands of dollars)

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| Fiscal<br>Year | Arthritis and<br>Related Diseases | Musculoskeletal<br>Diseases | Total    |
|----------------|-----------------------------------|-----------------------------|----------|
| 1976           | \$18,602                          | \$ 8,433                    | \$27,035 |
| 1979           | 35,091                            | 13,113                      | 48,204   |
| 1981           | 44,794                            | 16,936                      | 61,730   |

**Percent Change in Total Program Over  
1976 Base**  
(In constant dollars)

Percent Over Base

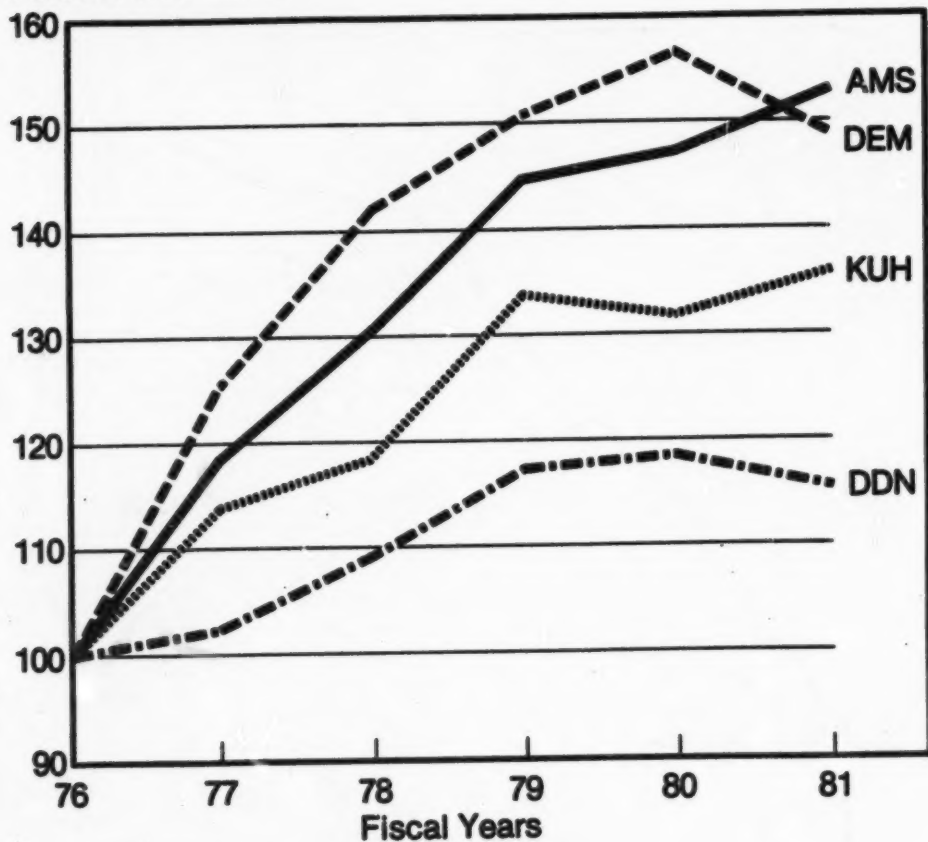


AMS — Arthritis, Musculoskeletal and Skin Diseases

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**Percent Change in Total Program  
Over 1976 Base  
(In constant dollars)**

Percent Over Base



AMS — Arthritis, Musculoskeletal and Skin Diseases  
DEM — Diabetes, Endocrinology and Metabolic Diseases  
KUH — Kidney, Urologic and Hematologic Diseases  
DDN — Digestive Diseases and Nutrition

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The CHAIRMAN. Thank you, Dr. Wyngaarden. We are also happy to welcome you, Dr. Salans, as the Director of NIADDK. From our knowledge, you get very high marks for working in this area from almost everybody we have talked to.

What has been the growth rate of arthritis research relative to other research programs in NIADDK and the NIH as a whole?

Dr. WYNGAARDEN. We have referred to the graph that is now on the rostrum, and cumulatively the NIADDK arthritis, musculoskeletal, and skin diseases research program has been the fastest growing component of the Institute during the past decade. If we were to use 1970 as a base—1970 equals 100 percent—these programs have increased by 62 percent in constant dollars, while the Institute proper grew by 26 percent and the NIH as a whole grew by 52 percent. So the growth in this area has exceeded that of the NIH and exceeded that of the Institute in both comparisons.

The CHAIRMAN. Could you briefly describe research advances in arthritis from programs within NIADDK, as well as progress that may have been made by other NIH Institutes in the field?

Dr. WYNGAARDEN. Yes, Mr. Chairman. These have been many, and they are on-going. I can list several, including total lymphoid irradiation treatment for refractory rheumatoid arthritis; retinoic acid as a potential drug therapy for rheumatoid arthritis; discovery of an inflammation-inducing factor in gout and pseudogout; discovery of viral gene product immune complexes in experimental lupus erythematosus; some additional information on the etiology of osteoarthritis; the role of electrical stimulation on the healing of fractures that will not knit; sex hormone abnormalities in systemic lupus erythematosus; studies in exercise patho-physiology; clinical trials in rheumatic disease; information on the genetic determinants in juvenile arthritis; advances in hip and other joint replacement; discovery of the causative agent of Lyme arthritis just this past year; specific information on a defect of suppressor T-lymphocytes for EB virus in rheumatoid arthritis; and a new therapy for scleroderma kidney disease by means of an angiotensin-converting enzyme inhibitor.

These are samples of some of the achievements that have been realized within the present structure.

The CHAIRMAN. You have indicated that it would cost the NIH about \$4 or \$5 million more to make a separate Institute for Arthritis. Some think it is unlikely to receive any real increases in funding. Therefore, where would that approximately \$5 million come from?

Dr. WYNGAARDEN. I indicated that the administrative costs might run as much as \$5 million the first year. Of that, at least \$4 million would be new costs. There are some positions and funds that might potentially be transferred from the present Institute, but no more than about \$800,000.

We would seek guidance from the Congress, and particularly the Appropriations Committee, as to where those funds might be obtained and what programs would have to be sacrificed in order to make this possible. It would, in the aggregate, result in a diminution of about 40 new research starts, either in the arthritis field or in the NIADDK or across the NIH to achieve this.

The CHAIRMAN. The NIH already has a very complicated administrative structure. As I understand it, you have 29 Institute Directors and other high-level officials that report directly to the Director. How would the creation of a new institute compound management problems and other complexities within NIH?

Dr. WYNGAARDEN. It would require the appointment of one additional director, and that would raise the number to 30. But in addition, new research directors, extramural directors, and a whole array of personnel, some 40 positions. It would, in all probability, result in one additional budget—17 compared with 16. But beyond that, we are concerned that a new institute in this field would open the floodgate for proposals for institutes in other fields, at a time when, in all honesty, we do not believe that is the most effective way to structure science.

Science tends increasingly toward emphasis at cellular and fundamental levels, and discoveries in one field may be applicable to one quite well removed from that. For example, the last two major advances in diabetes research in the last few years have come out of the Eye Institute and out of the Dental Institute, where scientists made discoveries that were very important in terms of diabetes progress. So, support at the fundamental level of science is what, in our judgment, should receive the very highest emphasis.

The CHAIRMAN. As I understand it, recognizing this proposal for a new institute addresses the concern that the research effort in arthritis is inadequate. How do you propose that this could be improved without the creation of an institute, or is the research in arthritis inadequate?

Dr. WYNGAARDEN. One might always wish that more could be done. As the economy improves, I hope that is possible. We do feel that the emphasis given this field is appropriate, given the competing programs that we must also fund. For example, about 35 percent of all approved grants in this field are being funded this year, compared to 31 percent in the NIH as a whole. The pay line in the arthritis group is about 108, and that is roughly the same as in the Institute as a whole and better than in many other areas. Although there clearly is more that could be done in this field, that is also true of every other field we could mention.

The CHAIRMAN. What is the administration's position on this?

Dr. WYNGAARDEN. The administration is opposed to the creation of a new institute at this time. The administration supports the study of the NIH by the National Academy of Science's Institute of Medicine that is a component of the House bill.

The CHAIRMAN. Senator Quayle?

Senator QUAYLE. Dr. Wyngaarden, I anticipate from your testimony that you are basically opposed to the creation of any new institutes, just as a matter of principle; is that fairly correct?

Dr. WYNGAARDEN. I think at this time, yes.

Senator QUAYLE. I wonder what kind of circumstances would have to arise before you would change your position at this time?

Dr. WYNGAARDEN. I think the immediate need is for a study in depth of the total structure of the NIH to see whether the present array of institutes is the most effective way of conducting research. It is possible that such a study would lead to recommendations to combine some efforts that presently are separated. Perhaps a dif-

ferent kind of organization, with emphasis on disease mechanisms rather than disease names would be possible. For example, a great deal of research now can be classified in a different sort of grid, as immunological, biochemical, and inflammatory processes. There are other ways of approaching science.

The main point I would like to stress is that the support of science at a very fundamental level gives rise to discoveries that can be applied in areas that were not dreamed of when the research was initiated. And to organize an increasing number of institutes by disease name is not necessarily the way that science will function most effectively in the interest of people.

Senator QUAYLE. In the study that you are supporting, would recommendations be included to add more elements to the Institutes, more categories?

Dr. WYNGAARDEN. It could be.

Senator QUAYLE. Do you think that is the direction they would go, or do you think the direction they would go is to restrict some of the areas that presently are covered?

Dr. WYNGAARDEN. I would not prejudge the results of the study. I think there might be recommendations of both kinds.

Senator QUAYLE. Which do you think would be preferable from an administrative point of view: the more inclusive or less inclusive?

Dr. WYNGAARDEN. I think it would be preferable not to proliferate administrative units. Some regrouping might be possible. I think the total number is becoming a concern.

Senator QUAYLE. I wonder if I could pose a hypothetical situation to you, where a relatively new disease would rapidly be identified as a nationwide killer. Would you at that time be willing to change your mind and reconsider the creation of a separate institute? If, in fact, through various letters and research, we have now identified a new nationwide killer such as the effort we made for cancer 10 years ago, would that change your bottom line of no new institutes?

Dr. WYNGAARDEN. I think we would be unquestionably responsive to the public will as expressed by the Congress, if that were the will. But I think from a scientific point of view, one would want to see what the scientific opportunities were. There are some problems which are not yet ripe to attack with that kind of frontal assault. There are others for which it is very timely. I think a study might help give guidance to the NIH and to the Congress in answering questions of that sort.

Senator QUAYLE. I certainly sympathize with what Senator Goldwater, Senator Symms, and 30-some other Senators are trying to do. But in recent hearings I have had, I am struck by the pervasiveness of the alcoholism and drug abuse problems which we are faced with in this country. It is a rather new discovery, with new information being uncovered every day and new efforts being taken in the private sector. I was a little bit surprised that this is not covered by the NIH, and I want to propose a hypothetical situation to you. If in fact the data would come in that would be convincing, where we would find a new nationwide killer disease, as there is some indication in at least these two areas, that there might be reconsideration on your part?



Dr. WYNGAARDEN. Unquestionably so. I think we ought to look at every valid proposal. This is a very well-intentioned proposal. I do not quarrel with that at all. In fact, I identify with the field, as I have told you. I have spent 30 years in it. I honestly do not believe that this is the way to promote its future at this point.

The CHAIRMAN. Five bells have gone, and we have to go and vote. The only other question I would have is, there may be the votes to amend this on the authorization bill when it comes up. It may be that you are going to have to put up with an institute.

Dr. WYNGAARDEN. If we do, we will create the best institute we know how to create.

The CHAIRMAN. I think that will conclude your testimony. We will come right back and start the last two panels.

[Recess taken.]

The CHAIRMAN. Our third panel, representing the Arthritis Foundation, includes Dr. John B. Winfield, Dr. Clement B. Sledge, and Mrs. Fay Welch. Dr. Winfield is chief of the rheumatology division at the University of North Carolina School of Medicine. He is also director of the medical school's Multipurpose Arthritis Center, a member of the editorial board of the medical journal, Arthritis and Rheumatism, and has served on many Arthritis Foundation committees over the years.

Dr. Sledge is a professor of orthopedic surgery at Harvard Medical School. He is also chairman of the Committee on Arthritis of the Academy of Orthopedic Surgeons and is the former chairman of the National Arthritis Advisory Board. Mrs. Welch, a victim of arthritis for 30 years, is a volunteer with the Georgia chapter of the Arthritis Foundation. The Arthritis Foundation has contributed a great deal, as everyone knows, to the advancement of arthritis research, and these individuals will undoubtedly have considerable insight into this issue.

I have to point out to you that we are going to have a vote very shortly, but I thought I would at least come back to see what we can do to move as quickly as we can through this. If you can summarize your testimony, we would appreciate it, and we will put the complete testimony of Dr. Wyngaarden into the record and, of course, the complete testimony of each and every witness here today into the record as though fully delivered. If we can, we will begin with you, Dr. Winfield, and then we will go to Dr. Sledge and then Mrs. Welch.

**STATEMENT OF JOHN B. WINFIELD, M.D., CHIEF OF RHEUMATOLOGY, UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE, ON BEHALF OF THE ARTHRITIS FOUNDATION**

Dr. WINFIELD. Thank you, Mr. Chairman. I want to mention that in addition present but not testifying is Dr. Paul Kirschner, who is director of legislation for the American Association of Retired Persons and the National Retired Teachers Association. Dr. Kirschner's organization, with 13 million members, supports this bill, S. 1939.

We already have heard a good deal of testimony attesting to the fact that arthritis and musculoskeletal diseases is the Nation's No. 1 disabling disease, and I will not cover that again. I will say it is

an increasing problem, with an estimated 1 million new patients developing arthritis each year, and as our Nation's population ages, the prevalence of arthritis will inevitably increase. There are about 40 percent of the population over age 65 who have a rheumatic disease. Some 250,000 of our children have arthritis, and this is more than the number of children who contracted polio during the most virulent outbreak of that disease. The National Center for Health Statistics projects that in the year 2000, which is less than 20 years from now, expenses attributable to arthritis will reach nearly \$100 billion.

The legislation pending before this committee right now is but the latest step in an evolutionary process that began back in the 1950's, when the National Institute of Arthritis and Metabolic Diseases was created. This first national recognition of the need to unlock the mysteries of diseases in the arthritis fields spurred an interest in the field that has since constantly accelerated. In 1974, Congress enacted the National Arthritis Act. That legislation and the resultant National Arthritis Plan developed by the National Commission on Arthritis and Related Musculoskeletal Diseases represented the first comprehensive national assessment of the status of biomedical research in arthritis and rheumatic diseases. The essence of this commission's findings is that the vast impact of arthritis on the Nation has not been matched by a determination to accelerate research and training to improve the treatment of rheumatic diseases, and also to prevent them and, eventually, to find cures for them.

I have to disagree a little bit with Dr. Wyngaarden's assessment that arthritis research is getting its fair share at the present time. At the present time, the total NIH research grant funding for arthritis and musculoskeletal diseases is approximately \$57 million. That includes the Arthritis Institute as well as the other Institutes. This contrasts with approximately \$1 billion in funding for cancer-related research and a half a billion for heart disease. Within NIADDK over the past 12 years, arthritis funding has gained considerable ground. It has gone from about 8 percent of that Institute's budget to 16 or 17 percent. But during this period, diabetes funding has grown sixfold, from 5 percent to 30 percent, and now has approximately twice the absolute funding for research that arthritis, musculoskeletal, and skin diseases have.

The amount of research in arthritis has been pitifully small, in contrast with the need. This, again, contrasts with the present milieu and environment, where so many tremendous new advances in basic knowledge in molecular biology and immunology have been made. We are in a wonderful position at this time to begin to translate some of this new basic information into new investigative projects dealing with the major problem of arthritis.

We believe strongly that the time has come to assign a special priority to research in arthritis and musculoskeletal diseases. The reasons for establishing a new research institute for this purpose are compelling. As has been indicated, arthritis is not a single disease. I think this is a misconception that gets this health problem in trouble all the time. Really it is a cluster, a symptom of a hundred different diseases, and each has its own causes and symptoms and treatment. This vast panorama of illnesses cannot be investi-



gated adequately in an institute whose fields of study are so diffused and unrelated at the present time.

The magnitude of the human and economic impact of arthritis on the Nation, along with the expectation that its prevalence will constantly increase, demands a sharp national focus on this family of diseases that only a separate institute can bring. The Arthritis Foundation strongly disagrees with the assertion of the administration that the creation of the proposed Institute would divert funds away from the arthritis research program and the total NIH research effort. Although some minimal amount of additional administrative cost would be incurred, the amounts cited by the NIH, approximately \$4 to \$5 million; are unrealistically high. The Arthritis Division of the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases has program staff and its own allocation of salaries and expense needs. During this time of fiscal constraint, many administration and management functions can be shared, with no additional personnel required for these functions.

In any case, I think we are quibbling over a few million dollars in the face of an overwhelming health problem costing society, right now, \$30 billion each year.

Mr. Chairman, we believe and hope that this committee agrees that the justifications for establishing a National Institute on Arthritis and Musculoskeletal Diseases are compelling. The current structure and alinement is not and I do not think should be sacrosanct. Status quo is not always the best. On behalf of the Arthritis Foundation and the millions of arthritis sufferers and their families who would benefit from advances in research and treatment, I urge the prompt enactment of legislation to create the National Institute of Arthritis and Musculoskeletal Diseases. That concludes my statement, Mr. Chairman.

[The prepared statement of Dr. Winfield follows:]

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STATEMENT  
of the  
ARTHRITIS FOUNDATION  
on  
S. 1939, A BILL TO ESTABLISH A NATIONAL INSTITUTE  
ON ARTHRITIS AND MUSCULOSKELETAL DISEASES  
Before the  
COMMITTEE ON LABOR AND HUMAN RESOURCES  
UNITED STATES SENATE  
July 20, 1982

Mr. Chairman and Members of the Committee, my name is John B. Winfield, M.D.. I am chief of Rheumatology at the University of North Carolina School of Medicine and Director of the Multipurpose Arthritis Center at North Carolina.

With me are representatives of other major organizations dedicated to the enactment of legislation to establish a National Institute on Arthritis and Musculoskeletal Diseases.

I testify today on behalf of the Arthritis Foundation and its professional sections, the American Rheumatism Association and the Arthritis Health Professions Association, as well as the American Juvenile Arthritis Organization. The Arthritis Foundation is the only national voluntary health organization seeking research advances in the causes of, and cures for, the 100 forms of arthritis and rheumatic disease. The Foundation supports research, professional education, and patient services and education through its national office and its 71 chapters and divisions throughout the United States. Some 400,000 volunteers and staff support the work of the Foundation.

Mr. Chairman, the Arthritis Foundation appreciates the effort you have made to convene this hearing on S. 1939 during this busy time. We are aware of this Committee's longstanding and continuing interest in biomedical research, and of its recognition of the vital importance of such research to the health of all Americans. The National Institutes of Health is the foremost research institution in the world, and its pre-eminent position must be preserved. This Committee has been in the forefront of this vital cause.

Arthritis is the nation's number one disabling disease. It is conservatively estimated that more than 31 million Americans have arthritis, and their numbers are increasing by a million every year. Although arthritis and musculoskeletal diseases affect all ages, 40 percent of the population over age 65 has a rheumatic disease. As our nation's population ages, the prevalence of arthritis will inevitably increase. It is projected that the elderly population will grow from 10 percent of the population to 20 percent by the year 2030.

Some 250,000 of our children have arthritis, more than the number of young people who contracted polio during the most virulent outbreak of that disease.

The National Center for Health Statistics projects that in the year 2000--less than 20 years from now--expenses attributable to arthritis will reach nearly \$100 billion.

Mr. Chairman, it is clear that arthritis is serious, widespread, and terribly expensive. It is equally clear that we are doing far too little as a nation to reduce its impact.

The legislation pending before this Committee, S. 1939, is but the latest step in an evolutionary process that began in 1950 with the creation of the National Institute of Arthritis and Metabolic Diseases. Although rheumatology was barely a recognized subspecialty at that time, and research in rheumatic diseases was rudimentary, this first national recognition of the need to unlock the mysteries of this congeries of diseases spurred an interest in the field that has since constantly accelerated. By the late 1960's there had surfaced substantial public expression of the need for greater attention to arthritis research, and by 1974 Congress had enacted the National Arthritis Act. That legislation and the resultant National Arthritis Plan developed by the National Commission on Arthritis and Related Musculoskeletal Diseases, represented the first comprehensive national assessment of the status of biomedical research in arthritis and rheumatic diseases; the level of care being provided to arthritis patients; and the structures and mechanisms that should be created or improved in order to give proper attention to a massive national health problem.

The National Commission set forth some 150 specific recommendations which it believed should be addressed in order to adequately promote a national attack on arthritis. The essence of the Commission's findings is that the vast impact of arthritis on the nation has not been matched by a determination to accelerate research and training to improve the treatment of rheumatic diseases, to prevent them, and to find cures for them.

Although some progress has been made in addressing the Commission's recommendations since the publication of the National Arthritis Plan in 1976, a great deal remains to be done. The National Arthritis Advisory Board was created, Multipurpose Arthritis Centers were initiated, and a modest arthritis data



base has been established. Funding recommendations in the Plan have not materialized. Less than half the amounts urged for research have been made available. Although epidemiology studies are critical to understanding the origins and demography of arthritis, next to nothing has been undertaken in this vital field.

The amount of research in arthritis has been pitifully small in contrast with the need. Many promising discoveries in recent years have led to our firm belief that, in time and with adequate support, some forms of arthritis might be prevented, cures may be found, and surely, therapies can be improved. The isolation of genetic markers for ankylosing spondylitis, hormonal involvement in systemic lupus erythematosus, and the identification of the inflammatory processes in rheumatoid arthritis are among those scientific discoveries made in recent years.

So much more can be done. And with the proper environment, focus, and support we can and will build on these exciting and promising recent accomplishments.

Mr. Chairman, we believe strongly that the time has come to assign a special priority to research on arthritis and musculoskeletal diseases. The reasons for establishing a new research institute for this purpose are compelling.

As I have indicated, arthritis is not a single disease but many. There are at least one hundred different diseases classified as rheumatic, each with its own causes, symptoms, and treatment modalities. In addition, musculoskeletal diseases such as scoliosis and kyphosis in children, and osteoporosis in the elderly are proper subjects of study by a single institute. This vast panorama of illnesses cannot be investigated adequately in an institute whose fields of study are so diffused and unrelated.

The magnitude of the human and economic impact of arthritis on the nation, along with the expectation that its prevalence will constantly increase, demand a sharp national focus on this family of diseases that only a separate institute can bring. Arthritis and other musculoskeletal diseases are responsible for major costs of workers' compensation, social security benefits, medicare payments, and hospital and nursing home stays. Nearly \$1 billion annually is spent by arthritis sufferers on quack remedies and unproven drugs and treatment.

The Arthritis Foundation strongly disagrees with the assertion of the Administration that the creation of the proposed institute would divert funds away from the arthritis research program and the total NIH research effort. Although some minimal level of additional administrative costs would be incurred, the amounts cited by NIH are unrealistically high. The Arthritis Division of the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases has program staff and its own allocation of salaries and expenses funds. During this time of fiscal constraint, many administration and management functions can be shared, with no additional personnel required for those functions.

To place this issue in proper context, it is important to keep in mind the cost to this country of arthritis and musculoskeletal diseases. Twenty times as much is spent on quack cures as is expended for research. Many billions more are lost to the economy due to medical expenses, disability benefits, lost wages and taxes, and workers' compensation payments.

Mr. Chairman, the report of the National Commission on Arthritis and Related Musculoskeletal Diseases, entitled "Arthritis: Out of the Maze" includes a statement, the validity of which is as strong today as it was six years ago. That passage bears repeating:

"It is incongruous to include under one organizational umbrella such disparate and basically unrelated diseases as arthritis and diseases of the bone, diabetes, digestive diseases, kidney and urological diseases, skin disorders, problems related to nutrition, metabolism disorders, blood diseases and endocrine diseases. The establishment of a separate institute directed specifically toward the problems of arthritis would have clearcut advantages as indicated by the other institutes specializing in a single or logically grouped family of disorders. It would attract the best possible leadership and result in a higher quality research program. It would tend to focus on targeted biomedical approaches, and in the case of the arthritis diseases, this comes at a particularly propitious time."

Mr. Chairman, we believe, and earnestly hope this Committee agrees, that the justifications for establishing a National Institute on Arthritis and Musculoskeletal Diseases are compelling. We believe, further, that the case for establishing such an institute is much stronger than that of any other field because of the number of victims, the number of diseases, and the state of research science in the field. Eight years have passed since the most recent NIH research institute was created. The current structure and alignment is not, and should not be, sacrosanct. Other organizations interested in NIADDK research agree that now is an appropriate time to examine the efficacy of reconstituting NIADDK programs.

On behalf of the Arthritis Foundation and the millions of arthritis sufferers and their families who would benefit from advances in research and treatment, I urge the prompt enactment of legislation to create a National Institute on Arthritis and Musculoskeletal Diseases.

That concludes my statement, Mr. Chairman. I will be happy to respond to any questions the Committee may have.

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The CHAIRMAN. Thank you, Dr. Winfield.  
Dr. Sledge, your statement will appear in full in the record.

**STATEMENT OF CLEMENT B. SLEDGE, M.D., PROFESSOR OF  
ORTHOPAEDIC SURGERY, HARVARD MEDICAL SCHOOL, ON  
BEHALF OF THE AMERICAN ACADEMY OF ORTHOPAEDIC SUR-  
GEONS**

Dr. SLEDGE. Thank you very much, Mr. Chairman. I appreciate the opportunity to be here with you this afternoon and participate in your deliberations. I would like to submit a written statement for the record, if I may. But I will take your advice and try to paraphrase my comments and try to save some time.

I have been involved with this problem nearly all of my professional career and, indeed, for the past decade, starting with my membership on the Arthritis Commission and then later serving 2 years as chairman of the National Arthritis Advisory Board. I have been particularly concerned.

You have heard the numbers. Many people have reiterated the same figures: 37 million Americans, one out of ever six in the population, a quarter of a million children, 41 percent of persons over 65 have some form of arthritis; nearly 13 percent of the Nation's health costs are devoted to this cluster of diseases; but only 1½ percent of our total research expenditure. Those have been reiterated time and time again.

In the musculoskeletal area, we do not even know what the numbers are. Nearly everyone, if they live long enough, will lose so much of their skeletal mass that their skeleton becomes fragile and susceptible to fractures. As you well know, fractures of the hip in women over 65 carries with it about a 25-percent mortality rate. These are serious problems of enormous magnitude. In the aggregate, they affect nearly everyone, from the weekend athlete who has a torn ligament in his knee, to the professional performer, to the aged elderly population that is increasing. So everyone, at some time in their life, is going to be afflicted by this cluster of diseases.

I would take some exception to earlier statements about the adequacy of our efforts in this area. Yes, I agree with Dr. Wyngaarden's statement about cellular biology and how it is cross-cultural; you never know from what source the next breakthrough will occur. I think he is also correct when he says that the cure, if one is found, will probably come from such basic biomedical research. Yet I think there is a tremendous discrepancy between what is now known about these diseases, in terms of treatment, and what the American population are being given.

For example, Senator Goldwater is a highly visible and articulate example of the remarkable effect of having an arthritic joint replaced with an artificial joint. He walks and speaks with great visibility and articulateness about that procedure. Total hip replacement and total knee replacement are capable of restoring, with about 98 percent confidence, functional painless functioning joints. And yet not a single artificial joint has been developed, the design has not been funded, by the National Institutes of Health. So they have not participated in what has been the revolution in the surgical management of arthritis. I think there is a difference between



basic research and applied technology transfer which can benefit this population immediately.

I recognize that there are severe economic strictures at present and ask for no additional funds at this time. But I do urge you to consider establishing an institute for three reasons. First, as an indication to your colleagues and to their constituents that you want control over how this country's research dollar is spent, an indication that you recognize the cost effectiveness of removing someone from the disabled rolls and putting them back among the employable, working population.

Under a separate institute, there would be an increased congressional control over the budget and increased institute accountability to Congress. When the economy improves and we can once again respond to the needs of millions of crippled and disabled persons, then the mechanism will already be in place. It will also be a message to the medical community that you recognize the enormous impact of the new developments, including artificial joints, on the relief of pain and the restoration of function. With their efforts focused in a new institute, even better devices, operations, and drugs would be developed.

Finally, it would be a visible signal to the millions of persons with musculoskeletal disability and arthritis: We hear you, we want to help you, suffer silently only a little longer, we hear you, and help is on its way.

Thank you very much for your attention, Mr. Chairman. I again appreciate the opportunity to participate.

[The prepared statement of Dr. Sledge follows:]

STATEMENT OF  
CLEMENT SLEDGE, M.D.  
PROFESSOR OF ORTHOPAEDIC SURGERY  
HARVARD MEDICAL SCHOOL

Mr. Chairman and Members of the Committee--

I am Clement Sledge, Professor of Orthopaedic Surgery at Harvard Medical School, Chairman of the Committee on Arthritis of the American Academy of Orthopaedic Surgeons, and former Chairman of the National Arthritis Advisory Board.

I appreciate the opportunity to appear before you today in support of S. 1939, a bill to establish a National Institute on Arthritis and Musculoskeletal Diseases.

Mr. Chairman, this bill is a measure of the first priority. Its logic and value are easily demonstrated by the tragic impact musculoskeletal diseases have on our Nation, our economy, and, most importantly, on our people. The litany of human suffering and economic disruption is long: One out of every seven persons in the United States suffers from some form of musculoskeletal impairment, resulting in a significant decrease in their ability to carry out normal, day-to-day activities. Of all illnesses, musculoskeletal diseases, including arthritis, rank second in overall economic impact. The cost to society in terms of medical expenses, disability payments, and lost earning power currently exceeds \$30 billion annually. About 20 percent of medicare hospital payments go toward the care of victims of musculoskeletal diseases. Finally, by the year 2000, the overall costs attributable to arthritis and musculoskeletal diseases will reach \$96 billion annually.

At the present time, the treatment of most forms of arthritis is largely dependent on the use of drugs, physical techniques such as directed exercises, and orthopaedic surgical procedures. Except for a few isolated instances, there is no cure for arthritis--primarily because its cause is unknown.

In 1975, Congress passed the National Arthritis Act. To many of us, that signaled the fact that our government recognized the serious and urgent need to focus our efforts on arthritis and musculoskeletal disease research. The Act called for the formation of the National Commission on Arthritis and Related Musculoskeletal Diseases, which went on to conduct a series of nationwide hearings and investigations. In 1976, the Commission submitted its plan for action to Congress. It was clear at that time that important and exciting investigations--especially in genetics, virology, immunology, and biomechanics--offered the promise of major advances in understanding the causes and treatment of these diseases.

Unfortunately, the plan was generally ignored. For fiscal year 1977 the plan recommended research funding of \$67 million. Only \$37 million was actually spent. With each subsequent year the gap has grown wider still. By fiscal year 1980, the entire NIH was operating on a \$3.4 billion budget. Yet only one and one-half percent of that amount was devoted to arthritis and

musculoskeletal research. That amounts to \$1.74 for each arthritis patient in the U.S., or less than \$57 million on diseases that cost society \$30 billion annually.

I am aware of the arguments that have been voiced against a separate institute. But I would like to call to your attention a statement contained in the 1976 report of the National Commission on Arthritis and Related Musculoskeletal diseases--

"It is incongruous to include under one organizational umbrella such disparate and basically unrelated diseases as arthritis and musculoskeletal diseases, diabetes, digestive diseases, kidney and urological diseases, skin disorders, problems related to nutrition, metabolism disorders, blood diseases, and endocrine diseases. The establishment of a separate institute directed specifically toward the problems of arthritis and musculoskeletal diseases would have clear-cut advantages, as indicated by the record of other institutes specializing in a single or logically-grouped family of disorders."

This statement rings as true now as it did in 1976.



If there is any doubt, one need only review the significant medical advances coming from the National Eye Institute, which was established in 1968. Evidence shows that, over the years, research supported by the Institute has led to the discovery of ways of treating and preventing certain eye disorders. In addition to benefiting the patient, this research has resulted in direct savings in health care costs and human productivity.

Of course, when the Eye Institute was being established, the same naysayers--the AMA and the AAMC--were predicting doom for basic research. I submit that it did not happen with the Eye Institute, nor will it happen with the establishment of a National Institute on Arthritis and Musculoskeletal Diseases.

Mr. Chairman, there is no single answer--and no single cause or cure. But surely the way to begin is through sharper focus and greater research support of the sort that a separate institute can provide. Now is the time, for if the pain and anguish suffered by today's victims is not enough, we need only look a few years into the future when far greater numbers of our population will be at risk.

I urge this Committee to pass S. 1939 and provide hope to the 37 million Americans who now suffer from these dread diseases.

I will be glad to answer any questions you may have.

**Best Available Copy**

The CHAIRMAN. Thank you, Dr. Sledge. In many respects, that last comment may be the most important of all in the minds of the people who have to authorize these bills and also appropriate the moneys for them.

Mrs. Welch, we turn to you at this time.

**STATEMENT OF FAY WELCH, ARTHRITIS VICTIM AND VOLUNTEER WITH THE GEORGIA CHAPTER OF THE ARTHRITIS FOUNDATION**

Mrs. WELCH. Thank you. I am Fay Welch, 62 years old, and I have had rheumatoid arthritis for 32 years. I think things are better now than they were then, and to explain that contradictory statement, let me tell you how it has been for me.

When I got sick 32 years ago, it took 8 months to get a proper diagnosis of rheumatoid arthritis. One of the reasons was, I live in a small town near the University of Georgia at Athens. There was no rheumatologist there. As a matter of fact, there was no rheumatologist in the State of Georgia. So there was no one to guide the testing of whatever ailment I had. There were no laboratories in Athens which could do the sophisticated testing necessary to decide. As a matter of fact, I had three small children and I had had pneumonia. It was sort of a "tut, tut. You'll feel better later" situation.

Eight months later, we got a new young eager doctor in town, who sent me to Emory University in Atlanta. There it was diagnosed I had rheumatoid arthritis. Well, I was very happy. I understood the hypochondriac's gravestone that said, "I told you I was sick," because at last somebody had said I was sick. But I did not know anything about rheumatoid arthritis. Arthritis was something that old people had. I was 30 years old; I did not have arthritis. So I wrote the health department of the State for a pamphlet, and after thumbing through a half-dozen or so arthritis diseases that they described—gout, osteo, ankylosing spondylitis, and so on—I came to rheumatoid arthritis. These words jumped out at me: progressive, degenerative, incurable. Now that is a terrible load to have laid on you at 30, particularly when your only treatment was eight aspirin a day.

I did not seem to get any better, so we started into that endless round of miracle drugs. Well there were no miracles in those days. Some of them gave you a rash, some of them gave you ulcers, some of them made you lose weight, and most of them kept you from sleeping at night, but none of them halted the progress of the disease or relieved the pain. I got worse and worse.

It is the sort of pain that is not just a trick knee that goes out on you. It is, I think, closest to being on the rack. I would feel as if all of my body were being pulled apart. I have never been on a rack, but I think that is the way it must have felt.

My doctor sent me to Warm Springs, which is the only place that had a collection of therapists in our State. And by the way, they had excellent therapists from western Europe back in those days, which has a history of treating a lot of ailments with heat and massage. It made you feel wonderful. They could find that muscle spasm or whatever and massage it away from you, and the relief

would last for hours. They also had the warm mineral pools that they would put you in and show you how to exercise, and that helped enormously. But I could not stay at Warm Springs; I had a husband and three small children. When I was ready to go, they told me what to do, how to take care of myself, and be sure that I would swim every day.

In those days, the city of Athens had no heated swimming pool for women. That was one thing wrong with it. The other thing was, I did not know how to swim. But my husband arranged all that. He got the coach at the university who said, "Why sure, I have a swimming class every Saturday morning," so I got dressed and went to the swimming class at 10 o'clock Saturday morning. I was the only person there over 6 years old, so I had to learn how to swim before all those kids, or I would have been terribly embarrassed. I did learn to swim.

Sam, my husband arranged that we go to the YMCA, which had an indoor heated pool, at 6:30 in the morning. The reason I had to go so early—none of you are old enough to know—the YMCA members used to swim without bathing suits. Of course, I had to go before anybody was awake. We would sneak in through the back door where the coal came in, and I would have my 30-minute swim, and we'd get out. By then, Sam was a nervous wreck for fear that somebody would come down from the rooms and catch us in there. But I did learn to swim. I do swim every day. We have a big new family "Y," and I swim in that. All my doctors say that is one thing that has kept me going.

In those days, with no drugs to speak of, I spent a lot of time in bed. I am talking about months at a time in bed. The only good thing that came out of that, as I can see, is that my husband and children all learned to cook and wash and iron. My youngest son earned his spending money at Georgia Tech ironing shirts for his fraternity brothers. I also spent a lot of time in hospitals. I have been in intensive care three separate times, and I have had surgery on my hands. My thumbs and wrists have been wired and pinned. My elbows and my neck have been wired. The X-rays look like somebody wrapped barbed wire around me. I don't know what sort of surgery that is. I have had three separate procedures on my feet. I have plastic joints in my hands.

So I am able to get along. But you talk about the expense of this disease to the country. What about the expense of this disease to the patient. And what about the patients who cannot afford to have all these advantages I have had.

I am talking about how things are better now. I know that we have better rheumatologists being trained, because I go to the hospital at Emory University, which is a teaching hospital. When I get in there, the interns or fellows come in with their little white coats and their name tags on and their clipboards, and they say, "Mrs. Welch, I am Doctor so-and-so. Can I ask you a few questions? Have you ever been in a hospital before?" Then they will say, "Do you take any drugs? Have you ever had any surgery?" So we licked that problem. I typed it all out, what has happened to me, and Sam Xeroxed 20 copies. When they come in, I give them a press release, so to speak, so they leave me to sleep in peace.

We have better drugs, too, than there were 30 years ago. I was taking a new experimental drug about 10 years ago, and it worked beautifully for me. I signed a release so that if I dropped dead, Emory Hospital would not be sued. I took the drug and I felt so much better, I was out of bed for the first time in 10 months. So we decided to go to the Georgia-Florida game with some friends of ours, which is the big weekend in Georgia. But the only bad thing about this drug was, all my hair had fallen out. I was a short Telly Savalas.

My daughter took me to Atlanta and we bought a wig, but we did not know too much about wig buying. I think it was too tight. We get to the game, which is the hottest stadium in the world, in Jacksonville, Fla., in September. I was getting hotter and hotter and sweating. One of my friends reached over and tapped me and said, "Fay, push your wig down." I reached up to get that wig and knocked it off my head into my lap. But Francis Tarkenton was running for a touchdown and nobody saw a thing. So that was all right.

That is about all except that things are better in my home. I have a one-story house now. I have handles on my doors, not knobs. We have a rheumatologist in Athens, Ga. We have handicapped parking places, a wonderful thing the Senate did. We have talking books for those who cannot hold a book to read. But I still cannot walk up stairs, walk very fast, get out of a low chair, open a heavy door, put a key in a lock and turn it, carry my groceries, zip my zipper, dial a telephone, or cut my steak. And, Senator Hatch, I could not be a politician because there is one thing I cannot do that I bet you do all day long, and that is shake hands.

Thank you very much.

The CHAIRMAN. We appreciate your testimony. I need to go and vote, but I appreciate what you have been through. Shaking hands is not all that great either. I got tennis elbow so bad from shaking hands during the last election, I still have not gotten rid of it. But we are grateful to have you here, and you too, doctors, as well.

Now, I take it that you are very definitely for an arthritis institute?

Mrs. WELCH. Absolutely.

The CHAIRMAN. I had some questions for both of you, but I think I will submit them in writing so that you do not have to wait.

[The questions and responses follows:]



## Committee on Labor and Human Resources

## United States Senate

## National Institute on Arthritis and Musculoskeletal Diseases

July 20, 1982

Questions from Chairman Hatch for Panel III (John Winfield, M.D.; Clement Sledge, M.D.; and Mrs. Fay Welch)

1. (Q) I understand that NIADDK spent about \$62 million on arthritis and musculoskeletal disease research in fiscal year 1981 and that other NIH Institutes spend several millions more.. How much more money should be devoted to arthritis research? How will creation of a separate institute achieve the desired level of funding?
- (A) The issue of how much money should be devoted to arthritis research is a policy matter for the Congress to determine. Both the Arthritis Foundation and the American Academy of Orthopaedic Surgeons have recommended to the Senate and House Appropriations Committees levels of funding for NIADDK, the Arthritis Division, and individual research categories within the division. These amounts do not represent, however, what the two organizations believe should be spent, but rather what is reasonable in light of budget constraints.

The Arthritis Foundation has urged an appropriation for NIADDK of \$450 million, part of which is to make up for reduced funding in FY 1982. Within that amount \$77 million, or an additional \$28.5 million over FY 1982 is proposed for individual research grants for the Arthritis Division and \$12 million for Multipurpose Arthritis Centers, or about \$6 million over FY 1982.

The amount that reasonably and realistically could be spent for arthritis research is considerably higher in FY 1983, and would rapidly accelerate in later years.

In 1976 the National Commission on Arthritis and Related Musculoskeletal Diseases recommended for FY 1980 a comprehensive arthritis budget of \$170 million, including research, training, centers, epidemiology, community demonstration programs, data program, and international exchange of experts.

The Arthritis Foundation believes that it would be reasonable to fund 50 to 55 percent of individual research grants approved, which would reflect a priority score payline of 230.

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The mere creation of a new institute would not, of itself, assure any particular funding level. In fact, the arthritis community accepts the reality that substantial increases in research dollars may not be available until improvement in the economy eases Federal budget pressures. In the long run, however, we believe that a National Institute on Arthritis and Musculoskeletal Diseases will focus greater public and congressional attention on the need for accelerated research in rheumatic and related diseases and, as has been the case with previously established institutes such as the Aging and Eye Institutes, greater funding priority will be assigned to research in those diseases. Conversely, without an arthritis institute, it is doubtful that the funding patterns of the last decade will change dramatically.

2. (Q) The Institute that currently administers arthritis programs, NIADDK, has undergone some very recent changes. The Secretary raised the Institute to bureau status in April and a new Director was appointed on June 17, 1982. Shouldn't we take time to assess the results of these changes before creating a separate Institute?

- (A) We do not believe bureau status for NIADDK will result in any significant improvement in visibility, opportunity, or management of research resources. The nearly insurmountable difficulty in providing attention to arthritis and musculoskeletal diseases that is commensurate with the need are inherent in the NIADDK structure whether it is termed a bureau or not.

Dr. Salans is extremely well thought of in the arthritis and orthopaedic communities; the Arthritis Foundation endorsed him for the directorship of NIADDK. He has made every effort, and has exerted creative leadership, to insure evenhanded treatment of all NIADDK programs. It is unlikely that a better choice could be made to lead the institute. We reiterate, however, that the arthritis program is constrained by the sheer diversity of NIADDK, and are convinced that time, reorganization and new leadership will make little difference.

We urge again, therefore, that a new National Institute on Arthritis and Musculoskeletal Diseases be created without delay.

3. (Q) Do you know of any research leads or opportunities in arthritis that haven't been pursued because arthritis programs are administered by NIADDK?

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- (A) In 1982, NIADDK could fund only 35 percent of grants which had been approved for funding as arthritis research projects of high scientific quality. Conversely, 65 percent of worthwhile projects could not be funded; as a result, research opportunities have been lost in great and increasing numbers. This difficulty in providing research support has, without question, discouraged bright, young physicians from pursuing careers in academic rheumatology.

Because of the relatively low priority assigned to research on the 100 or more rheumatic diseases, little or no research is undertaken in many of these. University research institutions may never have projects supported through NIADDK. One research rheumatologist notes that he was an established 37 year old investigator before receiving his first NIH grant.

It is an irony that, even with the meagre research support from NIADDK, arthritis research is experiencing increasing attention. The percentage of papers relating to arthritis submitted to general medical societies, such as the American Federation for Clinical Research, since 1977 has increased faster than any other field. New findings in genetics, mechanisms of inflammation, the chemistry of cartilage, regulation of antibody response, joint surgery, and new drugs, have increased the number of research ideas.

An institute devoted to arthritis would allow us to target efforts on certain important areas such as epidemiology and juvenile arthritis that have lagged behind, and to place special emphasis on these to get good scientists to focus their work in such areas.

4. (Q) NIH now consists of eleven institutes. How many additional institutes do you think NIH could properly manage?

- (A) We believe there are three major criteria for establishing and continuing NIH research institutes: (1) that the disease entities affect a large number of patients, therefore constituting a national health problem; (2) that the disease entities result in serious mortality or morbidity; and (3) that there is a strong likelihood that concerted research efforts in the particular field will be successful.

Because of the number of rheumatic diseases, the vast social, medical, and economic impact of these diseases, and the current scientific opportunities for understanding and controlling them, we believe the case for an arthritis and musculoskeletal diseases institute clearly has been made.

Managerial or administrative considerations are of peripheral importance in determining the proper number of NIH institutes. Means can and will be found to exert appropriate management controls. The most important considerations are those relating to the improvement of the nation's health, and continuing world preeminence in biomedical research.

ANSWERS BY  
FAY WELCH  
TO QUESTIONS POSED BY  
SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES  
AFTER THE HEARING ON  
JULY 20, 1982

Question 1: How has arthritis affected your life?

The amount of our family income that has gone into fighting my disease for the past thirty two years is awesome to me. I don't know exactly what other use we would have made of this money, other than being able to help our children as they started out on their own. And maybe Sam, my husband, would not have had so many worries and an early heart attack.

I was in graduate school and a teaching assistant at the University of Georgia, with plans to move on into the department as a full time teacher upon graduation. When I got sick, I did not teach anymore.

We had three children and had planned on having three more. When I got sick, we did not have any more children.

I wanted to be an active participant in my children's lives. When I got sick I became an observer.

Good, kind people have given us comfort, aid and solace all these years. I would like to be a giver, not a taker.

All those hours spent lying in bed, in hospitals, on special exercises, on therapy, waiting in doctor's offices, who knows what I might have accomplished if those hours had been mine to use? Instead of two published plays for children, there might be a shelf full of children's literature by Fay Welch.

Question 2: What kind of research do you believe holds the most promise for people like yourself?

For those of us already crippled but with ongoing progressive disease, two areas of research seem needed. Better, surer ways to repair/replace joints and tendons. I have four plastic hand --knuckle joints which have degenerated in effectiveness in three years since being implanted. After just two years, the third surgical procedure done on my feet is not stable but needs re-doing. Better drugs are needed to control active flare-ups more quickly (some take weeks), and with fewer and milder side-effects. All too often there is some reaction, ranging from double vision to internal bleeding.

Of course everyone's goal is to find the cause and cure.

Question 3: How has the Arthritis Foundation helped you and others suffering from arthritis and musculoskeletal diseases?

The Georgia Chapter of The Arthritis Foundation has branches in several large towns of the state. The chapter furnishes supplies, information and counseling whenever asked for. A list of volunteer speakers - doctors, therapists, lay people - is available whenever requested. The appropriate persons will come to the branch meetings and give slide or film strip presentations. The state office helps with the planning of any functions, from fund raising to socials to self-help clinics. The chapter has a toll free number and will answer questions from anyone on arthritis. There is a quarterly news letter from National and one from the Georgia Chapter. They are a gold mine of facts pertinent to arthritides, from DMSO to home modification for handicapped. They print and distribute pamphlets of facts about all the forms of arthritis. We formed a local branch last December and have had four public meetings, with expert doctors speaking to us and answering our questions. With each succeeding meeting our audience grows, and we are now looking for a larger auditorium for our September meeting.

We are in the process of forming a local arthritics club, sponsored by the Chapter, which will consist of victims and their families. We will meet as often as we like and have programs of interest solely to us; such as dressing aids, special shoes, sleeping techniques and aids etc. However I believe the main value of this club will be in the moral support, comfort and encouragement we give to each other. After all, arthritis is a long, lonely disease and sometimes it seems as if no one cares.

The CHAIRMAN. Now I will go over and try to get back as quickly as I can for our last panel, which will consist of Dr. Arnold Relman and Dr. Donald S. Fredrickson. I will introduce you appropriately when I come back.

[Recess taken.]

The CHAIRMAN. Our fourth panel consists of two distinguished physicians, Arnold Relman and Donald S. Fredrickson.

Dr. Relman is editor of the New England Journal of Medicine, the most prestigious medical journal in the Nation. He also is a professor of medicine at Harvard Medical School. Dr. Fredrickson is a scholar in residence at the National Academy of Sciences. He was Director of the National Institutes of Health from 1975 to 1981, following several years with the National Heart Institute. So we are delighted to have both of you here, and we will start with you first, Dr. Relman.

**STATEMENT OF ARNOLD S. RELMAN, M.D., EDITOR, NEW  
ENGLAND JOURNAL OF MEDICINE**

Dr. RELMAN. Thank you, Mr. Chairman. I am delighted to be here and have this opportunity to testify on this important issue. My written testimony, which I have submitted to your committee, is in your hands. Most of it supports arguments that have already been made, I think very effectively, by the Director of the NIH, Dr. Wyngaarden.

The CHAIRMAN. Without objection, we will put your statement in full into the record. I will have some questions for you which I will submit in writing.

Dr. RELMAN. Thank you. I would, however, like to simply add to my written testimony a few comments which highlight some of the salient points.

The first point I want to make, Mr. Chairman, is that everyone in the medical community and the medical educational research establishment of this country is cognizant of the terrible human and personal problems of arthritis. That is not at issue here. We are all aware of the fact that arthritis is a terrible burden. There are millions of people incapacitated and afflicted by this disease, and we all devoutly wish to see improvement in our understanding and treatment of this disease.

The question is, How best to do that? How, in the realistic world in which we live, with the resources that we have, can we do it? The issue is not whether we are in favor of better treatment for arthritics; of course we are. The issue is, would a new, separate institute of arthritis be helpful? And for all the reasons that I outlined in my written testimony, most of which have been summarized by Dr. Wyngaarden, I think the answer is clearly no.

I believe that a new institute as proposed would not increase the research effort in this area. If the Congress does not propose to give more money to the NIH and does not propose to fund a newly created institute, with new dollars, with additional funds, it is foolish to imagine that you are going to get anything better for the American public in the area of arthritis. You are going to get less for your money, because some of it inevitably is going to go to overhead and administration.



Obviously I am not an expert in research administration. I do not know if it is going to cost net \$4 million more or \$10 million more. But I am aware of the fact that you cannot start a new institute without new personnel and new overhead expenses. With the same dollars, that inevitably means you are going to get less research money for your investment. That is not in the public interest. That makes the problem worse, not better.

It has been pointed out that there is a need for more basic knowledge in arthritis research, which, as Dr. Wyngaarden has pointed out, can come from anywhere. It can come from research done in any institute, in any area of science. There is also a great need, as Dr. Sledge quite properly pointed out, for better application of what we already know, for more services, more medical and rehabilitative and surgical services to provide arthritics with better treatment now.

But that problem, I submit, is not going to be solved by starting a new arthritis institute. It would never be funded to provide the kind of resources that we would need to improve the care of the millions who suffer from arthritis in this country. The requirements in money and people would be enormous and unless the Congress contemplates a broad new approach to the funding of health care in this country, we could not even begin to improve the treatment of arthritis using the techniques that we already know.

I would, however, like to make two additional points. One is that the creation of a new categorical institute at this time would establish a dangerous precedent. There are many groups waiting to propose still other new institutes. The passage of this legislation would undoubtedly encourage their efforts. Diabetes, digestive diseases, lung diseases, kidney disease, otology, disorders of communication, and drug addiction, all have their advocates who will vigorously push for separate institutes once a separate Arthritis Institute has been approved. And they would all be able to marshal the same kinds of appealing arguments that we have heard today. They all would have the same kinds of justifications, but the net result would be irresistible political pressure to splinter the NIH structure even further. Nothing could be more disastrous for the future of medical research in this country.

You have heard the Director testify that he already has to deal with 16 independent budgets which means that he has many fixed commitments that limit his ability to respond to new leads and new research opportunities. The Director and his advisers must be free to move where the opportunities are, to shift funds as new leads become uncovered. The more you structure the NIH, the more separate institutes, and the more categorical commitments you have, the more you hamstring him and the less the American public is likely to get for the money it is investing in NIH research.

The second point I want to make is that the creation of the new categorical institute, although it is understandably supported by many well-meaning people who want to see better treatment for arthritis, is in fact opposed by a very broad cross-section of responsible medical opinion in this country. It is opposed by the administration, it is opposed by the Secretary; it is opposed by the present Director of the NIH and, as you will hear in a moment, by his predecessor; it is opposed by the great majority of the members of

the Advisory Council of the NIADDK; and it is also opposed by the leadership of the American Medical Association, the Association of American Medical Colleges, and the American Federation for Clinical Research. In fact, I feel certain, Mr. Chairman, that most of the experienced medical scientists, educators, and clinical investigators in this country would, if polled, be in principle opposed to any further splintering of the NIH.

I think that these objections from unbiased experts, who have the deepest concern for the health and welfare of this country, and who are also concerned that the dollars that you appropriate be well spent, should give the Congress pause. I would hope that the Congress would defer any action on this proposal until a committee of the Institute of Medicine of the National Academy of Sciences has had an opportunity to deliberate the issue and report back with some specific recommendations.

In conclusion, it is understandable that supporters of arthritis research programs should be interested in seeing their cause given more prominence at the NIH. But their well-intentioned concern does not change the basic fact that unless you appropriate more money, no more arthritis research is going to be done. And in fact, as Dr. Wyngaarden has already explained, if you establish a separate arthritis institute without increasing NIH funds, is it likely that less arthritis research will be done. Furthermore, it will be much harder for the NIH to do its work as this splintering process goes along. I, therefore, respectfully urge that S. 1939 not be endorsed by your committee, and that the IOM be given an opportunity to investigate the organizations of the NIH and report back to you.

Thank you, Mr. Chairman, for the opportunity of testifying here today. I would be pleased to answer any questions.

[The prepared statement of Dr. Relman follows:]

Testimony of Dr. Arnold S. Relman Before the Senate Committee  
on Labor and Human Resources, July 20, 1982, on S1939 -  
A Bill to Establish a National Institute on Arthritis and  
Musculoskeletal Diseases

I am Dr. Arnold S. Relman, a physician of Boston, Massachusetts. I am the Editor of the New England Journal of Medicine and a part-time Professor of Medicine at the Harvard Medical School. For nearly 30 years before assuming my present position, I was engaged in medical teaching and research on the faculties of the Boston University School of Medicine and the University of Pennsylvania School of Medicine, and I served as Chairman of the Department of Medicine at the latter institution. I am a past President of the American Federation for Clinical Research and the American Society for Clinical Investigation and presently am Vice President of the Association of American Physicians. Collectively, these three organizations represent the great majority of the clinical investigators whose research has been supported by the programs of the NIH. Although I have not had any working associations with the NIH since assuming my present post, I have in the past been the recipient of research grants from the NIADDK, have held a Research Career Award, and have served as a Consultant to the NIH on numerous occasions. My research experience has been in the area of kidney diseases, but I have always maintained a general interest in most of the fields encompassed by NIADDK, including arthritis.

I mention these biographical facts simply to give some idea of my background

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and perspective. In testifying before you today, I speak as an individual, and not as a representative of any of the institutions or organizations with which I have been, or presently am, associated.

In my opinion it would be a mistake at this time to create a separate National Institute of Arthritis and Musculoskeletal Diseases and I am here to urge you not to support S1939.

In brief, here are my reasons:

1. The creation of a new Institute would inevitably increase administrative costs. Without the appropriation of new funds - and I understand that the proposed legislation does not authorize any new appropriations - these administrative costs would necessarily reduce the amount of money available for the direct support of research. At a time when the NIH budget is being restricted, and when such strenuous efforts are being made to streamline the federal government, it does not make sense to add to the bureaucracy and the overhead costs by creating yet another Institute.

Administrative costs for the NIH as a whole, including the ten existing Institutes, now average about 7 percent. I am told that a conservative estimate of the added administrative costs of a new Arthritis Institute would be at least four million dollars. With a fixed or declining NIH budget, that cost can only be met by a reduction of expenditures in direct support of research. Financial stringencies have already required a cutback in the number of new funded research grants. We must do everything we can to prevent any further decline.

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Increasing the administrative costs of NIH is, in my view, clearly not the right direction at this time.

2. Adding new categorical Institutes reduces the flexibility of the NIH organization and renders it less able to respond to new scientific opportunities as they may arise. Research developments are unpredictable; scientific advances come from all quarters, and a given area can suddenly become "hot", even as another unexpectedly languishes. NIH administration needs to have the ability to respond to new developments by shifting resources to the most promising areas of research. Splintering of the NIH organization into new categorical Institutes reduces its capacity to do this because it creates more bureaucracy, more vested interests and more commitments to maintain ongoing programs regardless of their productivity and promise. The flexibility of the NIH administration to invest in new programs and to shift directions as new scientific leads open up is already limited by commitments to existing Institutes and has been further compromised by the declining level of total support given to NIH programs. The creation of a new categorical Institute will only make the problem worse.
3. Research potentially relevant to the understanding and treatment of arthritis is not limited to a single, well-defined area of science and could not be concentrated in a single Institute without the loss of important connections with many other disciplines. According to the Arthritis Interagency Coordinating Committee only about 60 or 65 percent of all the arthritis-related research

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at NIH is currently going on in NIADDK. More than a third is supported by other Institutes. This is because the basic problems have not yet been sufficiently clarified and many different approaches are being explored, requiring the application of a wide variety of disciplines. Research in arthritis involves immunology, infection, intermediary metabolism, endocrinology, nutrition, genetics and many other fields. No one can predict where and how the major breakthroughs will come, but it does seem clear that the best chance for progress can be assured if opportunities for interaction and cooperation are preserved. Some administrative organization within NIH that focuses on arthritis is important, but a separate Institute would not be the best mechanism because it would isolate arthritis from the rest of the basic science programs at NIH, and reduce the chances for serendipitous and synergistic interchanges that have always characterized the major new advances in medical science. When you don't know very much about a problem you had better leave yourself open to input from all possible sources. We know relatively little about the basic causes, treatment and prevention of the major forms of arthritis and we do ourselves a disservice by setting up a separate Institute that is likely to rupture potentially fruitful connections with research in all the other areas of the NIH.

4. Creation of a new categorical Institute at this time would establish a dangerous precedent. There are many groups waiting to propose still other new Institutes, and the passage of this legislation would

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undoubtedly encourage their efforts. Diabetes, Digestive Diseases, Lung Diseases, Kidney Diseases, Ear, Nose and Throat Diseases, and Disorders of Communication, to name only a few, all have their advocates who will vigorously push for their own separate Institutes once the Arthritis Institute has been approved. The result would be almost irresistible political pressure to splinter the NIH structure even further - and that would be nothing less than disastrous.

5. There is no need for a separate Arthritis Institute. Support for the NIADDK has grown more rapidly in the past five years than for NIH as a whole, and within the NIADDK, support for arthritis and related musculo-skeletal disease programs ~~has~~ grown more rapidly than any of the Institute's other programs. Furthermore, the funding cut-off scores for arthritis-related research grants, and the percentage of grant applications in arthritis that have been funded, are not significantly different from those of other programs in NIADDK or in NIH as a whole.

The recent administrative reorganization of NIADDK into a Bureau, and the establishment of the Arthritis Division within the new Bureau, gives arthritis more visibility and a greater degree of autonomy within the NIH structure, without creating a new Institute. This new arrangement strikes me as highly salutary and it should be given a chance to work.

6. The creation of a new categorical Arthritis Institute is opposed not only by Secretary Schweiker and the Director of NIH and his

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immediate predecessor but by the great majority of the members of the Advisory Council of the NIADDK. It is also opposed by the leadership of the American Medical Association, the Association of American Medical Colleges and the American Federation for Clinical Research. Most of the medical scientists, educators, and clinical investigators I know are opposed in principle to any further splintering of NIH. These objections should give the Congress pause.

It is understandable that supporters of arthritis research programs should be interested in seeing their cause given more prominence at the NIH, but their well-intentioned concern does not change the fact that unless more money is appropriated, no more arthritis research is likely to be carried out. Neither does it change the fact that a separate Institute will not insure a more effective and efficient scientific program. On the contrary, for reasons that I have tried to outline, further splintering of its organization will only hinder the leadership of the NIH in its efforts to give the country the most and the best research for its present level of investment.

Thank you.

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The CHAIRMAN. Thank you, Dr. Relman. In the interest of your making your plane, I will defer questions and submit them to you in writing. We appreciate your testimony here today.

This is a difficult problem, because there are persuasive arguments on both sides, as you have readily admitted, and yet a limitation on funds in society and perhaps a structural difficulty as well. So we appreciate your testimony.

**STATEMENT OF DONALD S. FREDRICKSON, M.D., SCHOLAR-IN-RESIDENCE, NATIONAL ACADEMY OF SCIENCES, AND FORMER DIRECTOR, NATIONAL INSTITUTES OF HEALTH**

Dr. FREDRICKSON. Mr. Chairman, I, too, appreciate the committee's invitation to express my views on S. 1939, the bill to establish a National Institute of Arthritis and Musculoskeletal Diseases at the NIH. How this new institute will be created by segregating parts of the resources from a present one has already been the subject of much testimony before you today.

I should like very briefly to give you my own perspectives. I think there are many observers far less biased than a former director of the NIH who have commented on the extraordinary successes of the National Institutes of Health as a Federal agency created to realize the public aspirations for new knowledge to guard and to improve the health of the people.

The NIH is going to be 100 years old in 1987. It is in the last 40 years, however, that the NIH has been able to lead America to pre-eminence in the biological sciences. The achievements of NIH during this latter period have been due to, more than any other factor, the strong congressional support that the agency has received. I think this has included several inspired congressional decisions as to the organization of the Nation's scientific effort.

One was the early decision to support not only intramural research but also extramural institutions, particularly our universities. Another key decision was the determination to support through NIH a continuum of research, running from the most fundamental to the most practical. Congress has always understood and repeatedly demonstrated that it understands the necessity of basic research, but it has also wanted to arrange its oversight to be sure that knowledge is converted to useful ways for combating specific diseases. Thus, there were created a number of different institutes, each designed to provide a strong focus on the development of manpower, laboratories, and facilities for attack on specific related groups of diseases. These Institutes were also joined within a corporate NIH to obtain most efficiently the basic knowledge common to life processes and to all diseases. I think the system was ideally designed for a vigorous, expansionist period. For these times, it has worked magnificently. By these means, the Congress gave America the strongest biomedical research apparatus in the history of the world.

The sponsors of S. 1939 very understandably wish to see that more prominence be given to the search for prevention and the treatment of arthritis and musculoskeletal diseases. It is natural and appropriate that people who suffer from a particular condition

and those who are dedicated to helping them should seek to maximize the scientific search for improvement.

The problem, Mr. Chairman, is that, contrary to earlier times, the creation of new institutes at NIH, in my belief, is now going to defeat rather than achieve our common objectives. The Congress must take into account that, since 1979, the system for biomedical research in America has ceased expanding. Rather, it is contracting, at a rate that is rapid compared to its ability to absorb the effects. The most recent comparisons of the President's budgets for fiscal 1981, 1982, and 1983 project a 10-percent fall in purchasing power of Federal support for biomedical research in 1983 compared to 1981.

Whatever the additional administrative costs of the proposed new institute may be, they are going to reduce the available moneys for support of research and training by that much. The husbanding of all available resources in a time of fiscal austerity requires that NIH and its components be optimally organized. Rather than further complicate the highly pluralistic structure of the NIH, I think we need to see now how it can be simplified.

Finally, Mr. Chairman, as you have already heard, it seems to me too that the creation of new institutes dedicated to narrow sectors of disease today, defies the most important effect of the generous, long-term and highly successful investment by the Congress in biomedical research. A steadily increasing convergence of basic knowledge is derived from diverse sectors of the continuum as a characteristic now of biomedical sciences in 1981. The resistant secrets of arthritis and musculoskeletal diseases will yield to the new application of knowledge and techniques from all of the sciences and engineering. I feel that the time has passed when creation of new institutes can guarantee that outcome.

I, too, will be glad to answer any questions you may have, Mr. Chairman.

The CHAIRMAN. Dr. Fredrickson, what is your perception of the views of the biomedical research community on this proposal of Senator Goldwater and Senator Symms to create the new Institute?

Dr. FREDRICKSON. I share Dr. Relman's sentiments. Neither of us has the benefit of an extensive scientific poll, but I think that most scientists in all fields have for some time been strongly opposed to the creation of more new institutes in the NIH.

The CHAIRMAN. It has been pointed out here that arthritis crosses a number of disciplines at NIH. If you put the study of arthritis and musculoskeletal diseases into one institute, might that not stop the crossover study of these problems in other institutes and other areas of NIH as well?

Dr. FREDRICKSON. You cannot segregate all the research on a given disease any more in one institute, Senator Hatch.

The CHAIRMAN. It really has to cross all kinds of lines, does it not?

Dr. FREDRICKSON. That is part of the success story that we are talking about today, the erosion of the lines that lie between different disciplines and different systems related to disease. The secret for some of the causes of arthritis and musculoskeletal diseases will



come from different parts of the continuum, and we cannot even guess today from which part.

The CHAIRMAN. It is easy for me to understand what Senator Goldwater and those who are pursuing this feel. They feel that if they give the emphasis to a special institute, there will be an emphasis on this pure problem and that people out there who are suffering from these maladies, or who are affiliated with or related to people suffering from these maladies, will have more hope than they have today. On the other hand, I can see the arguments that you seem to be making. That is that none of these scientific disciplines really is an island unto itself. They are not in a vacuum. They have to really cross over into all kinds of others. You contrast whether you have a big bureaucracy which covers the whole field of medicine or whether you have individual institutes or bureaus or whatever they are to try and attack individual problems. The National Cancer Institute is a perfect illustration. We were going to spend \$1 billion and solve the problem of cancer. We are now up to \$8 billion. We have come a long way, I have to admit, but we have not solved it yet.

I guess my question is, It is very difficult for us sitting here to not see the advantages of the arguments made by the other side as well. I would like to hear your comments any way you care to make them.

Dr. FREDRICKSON. I think, Mr. Chairman, there is no question but one must see that there is a focus for the practical expression of basic knowledge relative to a specific set of diseases. You can achieve this, however, without any question, by means other than creating another institute. I think the time has passed when it is possible to segregate research, as we have said. You can assure that attention is paid to specific diseases and their practical outcomes in some other kind of structure. I think that is why there is a particular need for the study of the NIH at this time. New knowledge coming from so many directions and at an accelerated pace needs to be directed toward a given set of diseases by other means.

The other assumption, Mr. Chairman, is that if you create more institutes you will bring more money to support biomedical research. If that assumption is not correct, and if the Congress is not prepared to substantially increase the appropriations for biomedical research in 1983 and beyond, then this will be a self-defeating measure.

The CHAIRMAN. You are saying that if you have to have a separate institute, you had better fund it separately and fund it to the tune of a lot more money than we presently have, at least \$4 or \$5 million more just for administrative costs?

Dr. FREDRICKSON. At the least, yes.

The CHAIRMAN. Another question I have is, Should we consider moving to as few institutes as possible as a way of cutting administrative overhead and increasing the quantity of research in the National Institutes of Health?

Dr. FREDRICKSON. I think that clearly we want to keep as efficient and as active a machine going as we can in this country to maintain that success story that has been the subject of part of this afternoon's discussion. Whether we go to fewer institutes, or exact-

ly what kind of organization we need must be the subject of a thorough study. It is very timely now—and I support the proposal in the House bill that it be done. You cannot eliminate all the categorical focusing; you have to pay attention to disease and its expression. But clearly, we have come to a point that so much has happened in biomedical research that we need to look at the organization of NIH again. Some new approach may be more efficient and more productive in the times that lie ahead.

The CHAIRMAN. I will submit any further questions in writing to you, but we appreciate having the benefit of your experience here today.

At this point I order printed all statements of those who could not attend and other pertinent material submitted for the record.

[The material referred to follows:]

STATEMENT  
of the  
AMERICAN ASSOCIATION OF RETIRED PERSONS

The American Association of Retired Persons, representing over 13.3 million older Americans, appreciates this opportunity to state our support for S. 1939, legislation to establish a separate institute on arthritis and musculoskeletal diseases. It is our firm belief that such an institute is badly needed and will bring a clearer focus, and improve treatment techniques to the millions of Americans who suffer from this disease.

Arthritis is a disease in which the elderly are very much interested. While arthritis is of primary concern to the elderly, it must not be forgotten that over 32 million Americans -- 1 in 7 -- suffer from some form of arthritis. This includes people of all ages, all races, both sexes, as well as some 250,000 children. It is our belief that the development of a separate institute on arthritis will respond more effectively to needs of the elderly, as well as to the needs of many other Americans.

At present, the government's arthritis programs are grouped with several unrelated diseases in the National Institutes of Arthritis, Diabetes, Digestive and Kidney Diseases. As the result of this unfortunate grouping, a patchwork of research programs has resulted in less emphasis on funding for arthritis research. This is evidenced by the fact that, in FY 1982, out of a total budget for NIADDK of over \$15 million, only 19 percent of it, a little over \$2.9 million, was devoted to arthritis and musculoskeletal research.

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It is extremely unfortunate that while the emphasis on finding a cure and treatment for arthritis is diminishing, the population at risk continues to rise steadily. For example, only 10 percent of the population suffered from arthritis in 1969. Today, however, about 16 percent are afflicted with the disease. And, this situation will worsen as the population continues to age.

The costs associated with arthritis and musculoskeletal diseases total over \$30 billion annually. These costs are made up of medical care and treatment expenses (arthritis and musculoskeletal patients account for 20 percent of Medicare hospital payments), disability payments, half of all workers' compensation claims, lost wages, and diminished tax revenues.

It is our strong belief that a separate institute on arthritis will ensure that adequate attention is focused on this disease that afflicts so large a segment of the population, particularly the elderly population. Therefore, we urge you to take the steps necessary in order to secure passage of S. 1939.

Thank you for your attention to this matter. We hope that we can count on your support.

# *American Federation for Clinical Research*

President  
Jerrold M. Olefsky, M.D.  
University of Colorado School of Medicine  
Denver, Colorado

President-Elect  
Bernadine Healy Bulkley, M.D.  
Johns Hopkins University  
Baltimore, Maryland

Secretary-Treasurer  
Robert J. Lefkowitz, M.D.  
Duke University Medical School  
Durham, North Carolina

## POSITION STATEMENT OF THE AFCR

S. 1939

This statement represents the position of the American Federation for Clinical Research on legislation to establish a new and separate institute on arthritis and musculoskeletal diseases within the National Institutes of Health. As background on our organization, the AFCR is the largest clinical research organization in the United States and is comprised of more than 11,000 medical scientists interested in promoting and encouraging original research in clinical and laboratory medicine. Our primary goal is to stimulate the interest of young persons in clinical research by providing a forum for the young investigator to present his work and by publishing this work in abstract form in our Journal, CLINICAL RESEARCH. The majority of our members are physicians working in schools of medicine throughout the country.

Although members of our organization conduct research in virtually every area of clinical medicine, the AFCR as an organization is deeply committed to the overall welfare of the entire biomedical research enterprise. We have, therefore, traditionally opposed any legislation that would fragment or balkanize the NIH because of our overriding concern for the effective operation of the NIH as a whole. While we are sympathetic to the objectives of S. 1939--strengthening research efforts aimed at treating, curing, and preventing arthritis and related diseases--we do not believe the



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creation of a separate institute would be an appropriate or effective means for achieving that objective. In addition to our general belief that fragmentation of NIH, in principle, is an outcome to be avoided, our specific reasons for opposing S. 1939 are as follows:

1. Diversion of scarce research support for administering a new institute.

The Secretary of the Department of Health and Human Services estimates that the cost of extramural program management, direct operations, and the administrative portion of the intramural program for a new institute would total approximately \$4.8 million. Funds that could be transferred from the existing NIADDK would cover approximately \$800,000 of this cost, leaving \$4 million to be sought from new appropriations or by diversion of funds that are currently used to support actual research grants and programs. The AFRCR agrees with the Administration's position that in an era of severely constrained resources for research, the further erosion of research support for administrative purposes would actually reduce rather than enhance the research effort in arthritis and other areas. Any action taken which would result in a further drain on the shrinking research dollar would represent highly unwise public policy.

2. Scientific fragmentation. The scientific fragmentation that would occur by isolating arthritis research from closely related endocrinology, metabolism, and other related disease research supported by NIADDK would be counterproductive and would lead to duplication of effort. The sharing of basic biomedical research approaches

and disciplines in such areas as auto-immune mechanisms and possible causative factors of arthritis leads to a productive research synergism that would not be possible if these approaches had to be pursued concurrently in separate bureaucratic structures.

3. S. 1939 is unnecessary legislation. The NIADDK was recently elevated to bureau status largely as a result of the request made by the Senate Committee on Labor and Human Resources that the Administration consider administrative changes to highlight research efforts in arthritis and related diseases. Coupled with the action to elevate NIADDK to bureau status was the action to elevate the former disease "clusters" to division status in order to provide more effective management and an improved research effort for each category. In light of this action and in the absence of a sufficient time lapse in which to judge whether these steps will accomplish the intended result, the AFCR believes that further moves to alter the structure of NIADDK would be at best premature and potentially unnecessary.

In addition to these objections related specifically to the establishment of a separate arthritis institute, the AFCR would like to raise an additional concern about potential implications for further fragmentation of NIH if this legislation is enacted. In part because of decreasing constant dollar support for biomedical research, increasing competition for limited funds has resulted in disease-specific interest groups attempting to gain increased autonomy, visibility, and resources for their particular areas of

interest. Often, great political pressure is brought to bear for legislative earmarking of funds for a specific disease, for detailed prescriptions of NIH management structure, and for separate institutes. These efforts, frequently referred to as the "disease-of-the-month" phenomenon, curtail the flexibility of NIH operations. It is virtually certain that if the effort to establish a separate arthritis institute is successful, this will strengthen the hand of all other interest groups seeking similar status. All will present cogent arguments that their particular area of interest is equally as compelling and deserving of attention as arthritis and it is unlikely that these pressures will be successfully resisted once the separate-institute trend is underway. Not only will a proliferation of new institutes result in unmanageable compartmentalization and fragmentation at NIH, but it will also result in a situation where an even greater portion of the Federal research dollar will have to be devoted to the administration rather than the conduct of research.

In summary, the AFCR opposes the establishment of a new and separate institute on arthritis and related diseases at this time because it is our assessment that such an action would increase administrative costs but would not further the cause of arthritis research. As an alternative action, the AFCR urges the Senate Labor and Human Resources Committee to support the recently advanced proposal to defer consideration of any new institutes--including arthritis--until the Institute of Medicine or another comparable body can study the organizational structure of NIH. Such a study could examine the appropriateness of existing disease-program groups at NIH and could develop criteria upon which to make careful and rational decisions regarding the future establishment of new institutes, the realignment of existing institutes or the dissolution of institutes that have outlived their programmatic usefulness. The authorization of such a study would provide Congress with the necessary basis for making thoughtful decisions rather than emotional or politically-motivated decisions about the organization of NIH.

The American Federation for Clinical Research appreciates this opportunity of sharing its views on S. 1939 with the Senate Labor and Human Resources Committee.

SENATE LABOR AND HUMAN RESOURCES STATEMENT FOR HEARINGS ON THE  
CREATION OF A NATIONAL INSTITUTE OF ARTHRITIS  
CONGRESSMAN RON WYDEN  
July 20, 1982

97th CONGRESS NEEDS TO TACKLE THE PROBLEM OF ARTHRITIS

Mr. Chairman, today is a happy day for senior citizens and other Americans. The crippling disease of arthritis is finally being taken seriously.

Last month in the House Energy and Commerce Committee, My colleagues voted for an amendment I offered which would create a separate national Institute of Arthritis. Credit for this legislation rightfully belongs with my distinguished colleague who chairs the Committee on Aging, Claude Pepper, who has done so much for the elderly and other vulnerable Americans.

Today the Senate Labor and Human Resources Committee is taking another step forward by holding hearings on creation of this separate Institute of Arthritis.

The reasons for creating the Institute are quite simple.

37 million Americans suffer from over 100 types of arthritis, yet only 17 percent of all research dollars in NIH are spent on Arthritis research. This for a disease that costs society \$30 billion annually.

The facts are staggering.

Twenty percent of Medicare hospital costs are attributable to arthritis.

Social security disability, unemployment and lost tax revenues shoulder a major part of the fiscal burden.

Arthritis is only second to circulatory diseases in economic costs to society.

Not to establish the proposed institute would be penny wise and a pound foolish.

Arthritis costs society billions and yet scientific research has been put on the back burner at NIH while quack cures proliferate.

In establishing this institute existing management and facilities can be consolidated, so that taxpayers will pay a small price compared to arthritis' annual cost to society.

Federally funded research must focus on Arthritis, and the best way to do that is create a National Institute of Arthritis in the National Institute of Health.

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## LETTERS OF SUPPORT TO SENATOR HATCH

American  
Academy of  
Pediatrics

Office of Government  
Liaison  
American Academy of  
Pediatrics  
1300 N. 17th Street,  
Suite 350  
Arlington, Virginia 22209  
(703) 525-8880

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Director

President  
Glenn Austin, M.D.  
Vice-President  
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Ruy De Souza Rocha, M.D.  
Rio de Janeiro, Brazil  
Angel Eduardo Cadrain, M.D.  
Buenos Aires, C.F. Argentina

July 13, 1982

Honorable Orrin H. Hatch  
United States Senate  
125 Russell Senate Office Building  
Washington, D.C. 20510

Dear Senator Hatch:

As you begin your deliberations on the establishment of a separate Institute on Arthritis at the National Institutes of Health, you will recognize the fact that arthritis is a major health problem in the United States, affecting both adults and children, and certainly merits your serious consideration.

It has become apparent over the last 20 years that the scope of the problem of childhood arthritis is far greater than anyone had imagined. The rheumatic diseases affect a large number of children, around 250,000 under the age of 16, and result in significant disability, morbidity and mortality. For example, the number of children affected by juvenile rheumatoid arthritis in any one year exceeds the number of children affected by all forms of malignant neoplastic disease. Juvenile rheumatoid arthritis is by no means the only crippling form of arthritis occurring in the early years as an equal number of children are affected by other forms of rheumatic disease, often with devastating results.

It is known that 30% or more of the children affected ultimately are crippled due to destruction of joint tissue and bone resulting in loss of use of extremities and inability to care for themselves. Visual impairment occurs in 10%. Inflammation around the heart (pericarditis) occurs in one-third of the children. In addition, the disease in its juvenile form is affecting a growing organism resulting not only in physical disability, but also in psychological problems, destruction of familial relationships, and inadequate education of the child. Early diagnosis and treatment are helpful in preventing disability but no cure is yet available.

There is no cure for juvenile rheumatoid arthritis and the related disorders as the cause is not known. While medications have been approved for the treatment of arthritis in adults, there are no comparable drugs, with the exception of aspirin, approved for use in children. In fact many of the childhood syndromes of arthritis remain to be thoroughly defined.

Through the establishment of a separate Institute to focus on arthritis and related disorders, perhaps the needed research can bring the answers and solutions to a significant population who continue to suffer from these diseases.

Sincerely yours,

*Glenn Austin*  
Glenn Austin, M.D.

GA:rlg

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STATE UNIVERSITY  
OF NEW YORK  
DOWNSTATE MEDICAL CENTER

• DEPARTMENT OF MEDICINE

July 19, 1982

Senator Orrin Hatch  
Chairman, Committee on Labor  
and Human Resources

Re: Arthritis Institute

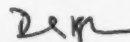
Dear Senator Hatch:

The most striking feature (in my view, at least) relevant to the problem of arthritis is the enormous amount of new basic science knowledge coming out of laboratories and the rather modest effectiveness of current therapy for most of the rheumatic diseases.

Given the large gap between potentially relevant information and our present ability to apply this information for the benefit of patients, there is a great need to organize a program directed towards applying this knowledge to patient care.

Such a program could best be accomplished by an autonomous group with well-defined goals in an independent institute. Such a core is already in place at the NIADDK, could efficiently and quickly be operative, and would certainly decrease the time lag between the discovery and application of pertinent knowledge.

Very truly yours,



David Kaplan, M. D.  
Professor of Medicine  
Assistant Dean

DK:bap

MAILING ADDRESS: 450 CLARKSON AVENUE, BROOKLYN, NEW YORK 11203 / PHONE: (212) 270-1000

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# The New England Journal of Medicine

10 SHATTUCK STREET, BOSTON, MASSACHUSETTS 02115—TELEPHONE 617/734-9800

OFFICIAL PUBLICATION OF THE MASSACHUSETTS MEDICAL SOCIETY

OFFICE OF THE EDITOR

July 21, 1982

RECEIVED JUL 23 1982

The Honorable Orrin G. Hatch  
Chairman, Committee on Labor and Human Resources  
United States Senate  
4230 Dirksen Senate Office Building  
Washington, D.C. 20510

Re: S. 1939 - A bill to authorize the creation  
of a separate National Institute of Arthritis  
and Musculoskeletal Diseases

Dear Senator Hatch:

I appreciated the opportunity to testify before your Labor and Human Resources Committee on S. 1939 and regretted that my plane schedule did not allow me to stay for questions.

Dr. David Sundwall of your staff gave me four questions as I was leaving, and I am pleased to answer them as follows:

- 1) What is your perception of the views of the biomedical research community on this proposal?

Answer - I feel quite certain that, except for those with vested personal interests in arthritis, the vast majority of the biomedical community would be opposed to the creation of a separate Arthritis Institute at this time. The American Federation for Clinical Research (AFCR), representing 12,000 clinical investigators, has recorded opposition, as well as the American Medical Association and the Association of American Medical Colleges. I am a past President of the American Society for Clinical Investigation and am presently Vice President of the Association of American Physicians, two other major medical research societies which, together with the AFCR, represent the great majority of clinical investigators in this country. Without much question, they would agree with the AFCR on this issue.

- 2) It has been pointed out that arthritis-related research is conducted in several Institutes at NIH. Is it possible that these other Institutes may limit or actually cease research in arthritis because they may assume the new Institute will receive substantial new funding?

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Answer - It is very likely that a separate Arthritis Institute would discourage arthritis-related research in the other Institutes, for this reason.

- 3) Medical advances in one disease category often stem from basic research in other areas. How would a new separate Institute affect this interrelated research?

Answer - A separate Institute would tend to increase the isolation of arthritis-related research from potentially relevant research going on in different areas of basic science in other Institutes. Particularly in arthritis, which is a group of diseases involving many different parts of the body and many different kinds of biological mechanisms, it is important to foster cooperative research and multiple connections with developments in basic science in many areas. A categorical Institute would make this more difficult.

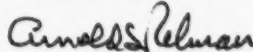
- 4) Should we consider moving toward fewer Institutes as a way of cutting administrative overhead and increasing the quantity of research?

Answer - I believe this may well be a useful direction for the future reorganization of NIH, but it would be best to defer consideration of any changes in the NIH structure until an IOM-NAS committee has had an opportunity to study the problem in depth and submit a report.

I sincerely hope that you will lend your support to all of us in the biomedical community who are opposing S. 1939. The bill is well-intentioned, but its net effect would be to increase NIH administrative expenses, reduce the amount of money available to do arthritis research, and make overall NIH management more difficult. This is the wrong time to increase bureaucracy at NIH, and it would set a dangerous precedent.

Thank you again for this opportunity to call these concerns to your attention.

Respectfully yours,



Arnold S. Relman, M.D.

ASR:bpd

cc: Senator Edward M. Kennedy  
Dr. Thomas Kennedy

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INDIANA UNIVERSITY

SCHOOL OF MEDICINE

DEPARTMENT OF MEDICINE  
 Rheumatology Division  
 Clinical Room 492  
 1100 West Michigan Street  
 Indianapolis, Indiana 46223  
 (317) 264-4225

July 19, 1982

Senator Orrin Hatch  
 Chairman, Committee on Labor  
 and Human Resources

Dear Senator Hatch:

I am writing to urge you to support the current proposal to create a separate institute for arthritis within the National Institutes of Health (NIH). I believe that there are a number of very strong points which may be made in support of the concept of a discrete Arthritis Institute. For example, over 37 million people in the United States today are affected by one of the numerous forms of arthritis. The Arthritis Foundation estimates that the current annual economic impact of arthritis is \$14.5 billion.

Historically, arthritis programs within the NIH have not been funded at a level commensurate with the magnitude of the arthritis problem. Thus, the NIH spends only about \$1.50 per person for arthritis research annually. Within the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases only about 12% of the annual budget has generally been allocated to arthritis research.

In spite of the above funding constraints, arthritis research in recent years has resulted in major advances. Gouty arthritis can now be controlled. Techniques for joint replacement surgery have been developed which now achieve effective pain relief and allow thousands of individuals to maintain their independence. New remittive drugs are now available for treatment of rheumatoid arthritis. Exciting advances have been made in our understanding of the biochemistry of joint cartilage, the genetic factors involved in rheumatoid arthritis, systemic lupus erythematosus and several other rheumatic diseases. It is vitally important that this momentum be continued. However, because of fiscal constraints an increasing number of approved research grants in arthritis have had to go unfunded.

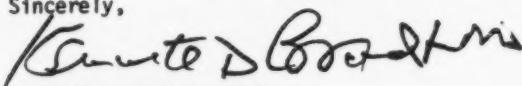
Creation of a separate institute for arthritis would result in program autonomy, increased visibility, and a more equitable distribution of funding for arthritis

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research. I hope, therefore, that you will be able to support passage of the proposal to establish a discrete Arthritis Institute within the NIH.

Thank you very much.

Sincerely,



Kenneth D. Brandt, M.D.  
Professor of Medicine  
Chief, Rheumatology Division  
Director, Indiana University Multipurpose  
Arthritis Center

KDB:mb

cc: Frederic C. McDuffie, M.D.  
Senior Vice President  
Arthritis Foundation

David W. Smith, Ph.D.  
Chairman, Governmental Affairs  
Committee, Arthritis Foundation

Mr. John McCray  
Vice President for Governmental  
Affairs, Arthritis Foundation

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UNIVERSITY OF MISSOURI-COLUMBIA

School of Medicine

Department of Medicine  
Division of Immunology & RheumatologyN403 Medical Center  
Columbia, Missouri 65212  
Telephone (314) 882-8738

July 16, 1982

Senator Orrin Hatch  
Chairman, Committee on Labor and Human Resources

Dear Senator Hatch:

For many years 35 million Americans affected by over 100 arthritic diseases suffered in silence. Fortunately through the passage by Congress of the National Arthritis Act, the support of arthritis research by the NIH (mainly the NIADDK), and the efforts of the Arthritis Foundation, that situation has changed. Rapid advances in knowledge obtained through arthritis research have already led to more effective treatment for arthritis.

New information resulting from research in autoimmunity, immunoregulation, genetic factors, the biochemistry of cartilage, etc. has increased the momentum of scientific discovery to the point where a strong national research thrust in arthritis could reasonably be expected to produce major breakthroughs in our understanding of the cause and pathogenesis of many of these arthritic diseases.

Unfortunately due to the political necessity for NIADDK to keep all programs in balance, arthritis research only receives about 12% of the budget of the Institute. The result is that numerous meritorious research grants can not be funded and the arthritis research momentum is in jeopardy of declining.

The sheer magnitude of the arthritis problem with so many diseases and victims, the enormous national economic losses, and the unique opportunity to capitalize on recent scientific discoveries offer strong justification for creation of a new institute in NIH for arthritis and musculoskeletal diseases. This would provide the direction, leadership and program autonomy needed to mount a strong national research thrust in arthritis.

Respectfully,

Gordon C. Sharp, M.D.  
Director, University Multipurpose  
Arthritis Center  
Chairman, Missouri Arthritis Advisory Board

GCS/mks

An equal opportunity institution

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## NORTHWESTERN UNIVERSITY

CHICAGO, ILLINOIS 60611

THE MEDICAL SCHOOL  
WARD MEMORIAL BUILDING  
303 E CHICAGO AVE

July 15, 1982

Senator Orrin Hatch, Chairman  
Committee on Labor and Human Resources  
Washington, DC

Dear Senator Hatch

I am writing on behalf of support for the proposed bill to create a separate Institute for Arthritis within the NIH.

My associates and I at Northwestern University in Chicago have responsibility for the care of large numbers of patients with rheumatic diseases. We see patients in the hospital setting but also in a variety of other areas including rehabilitation programs, homes for the elderly, nursing homes, and industrial settings. In all of these circumstances, one is overwhelmed by the magnitude of the problem that is faced.

Not only are certain individuals seriously handicapped and no longer able to perform not only a useful life but one is devoid of ability for even ordinary medical care, but also the large bulk are handicapped in various ways in their day by day functioning. Because many of them are able to "make do", the ability of these individuals to create strong interest in the problem is diminished. Nevertheless much time and energy as well as substantial financial resources are involved in their care and because of their inability to work fully, additional costs of lost work and income as well as medical costs.

The number is truly overwhelming. Not only is this a disease which is by far the commonest cause of disability in the aged but it also affects individuals at all stages of life including children. The myth that arthritis only affects only older people only propagates the difficulty of attacking the problem since it is not a single disease but actually over one hundred separate diseases, attacking, as I have indicated, individuals in all stations.

We are truly at a point where much progress is likely to develop. Ground work has been laid in a number of areas to provide relief for patients with diseases like rheumatic fever and gout. In rheumatoid arthritis which affects several million individuals in this country, the use of many new drugs has ameliorated some of their symptoms although has not provided a cure. Surgery for rheumatoid

THE MCGAW MEDICAL CENTER OF NORTHWESTERN UNIVERSITY

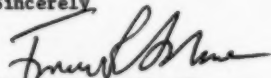
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arthritis patients as well as osteoarthritis patients has given us a means to correct some of the more devastating effects of these illnesses. We are on the threshold of opening up new knowledge in the areas of the underlying tissues that are involved, that is, their chemistry function. Within the joint the various molecules are comprised of collagen or bone are better understood as to their behavior in disease.

I strongly recommend that a separate Institute for Arthritis be created so that these potential advances in science that could be directly applied to patients with problems can have the full backing of a single Institute with a single purpose. Such a recommendation is not out of line considering the magnitude of the problem that one is addressing and its impact upon the nation and its economy. Through such a means, strong legislation will be provided to keep the momentum going and accelerate its progress.

The separate costs that might be involved in such an Institute are not as great as may be feared. There is already an administrative staff of core personnel within the NIADDK that could be transferred to the new Institute. Because of the numbers of victims that are involved and the wide number of diseases that are encompassed by the term "arthritis", I strongly urge your support for the creation of this separate Institute. It would truly be in the national interest to do so.

Sincerely,



Frank R. Schmid, MD  
Professor of Medicine  
Chief, Arthritis-Connective  
Tissue Diseases Section  
Department of Medicine

FRS:fl1

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## THE MEDICAL COLLEGE OF WISCONSIN

VETERANS ADMINISTRATION MEDICAL CENTER  
 5000 WEST NATIONAL AVENUE  
 WOOD (MILWAUKEE) WISCONSIN 53193  
 July 16, 1982

DEPARTMENT OF MEDICINE

TELEPHONE (414) 934-2000

Senator Orrin Hatch  
 Chairman, Committee on Labor & Human Resources  
 U.S. Senate  
 Washington, D.C. 20036

Dear Senator Hatch:

On July 21st, the Committee on Labor & Human Resources will conduct a hearing on the proposal for an Arthritis Institute as a separate administrative entity within the National Institutes of Health. The logic and rationale that urge such a move are overwhelmingly compelling. For too long the health industry in this country has concentrated its resources on the leading causes of mortality, with such success that the life expectancy of the average individual is in excess of 75 years. It is high time that health planners begin to look at other aspects of life than its mere length.

The musculoskeletal diseases are the most expensive group of illnesses plaguing this country at the present time. They account for more days lost from work, more disability payments, more workmen's compensation payments, and more dollars spent for medical care than any other single group of illnesses. As a cause of work absenteeism, they are exceeded only by the common cold. In addition to this enormous drain on the nation's economy, they are perhaps the leading cause of suffering and disability among our citizenry today. Among the chronic diseases, they are second in prevalence only to upper respiratory disease, and second only to heart disease as a cause of disability.

In spite of the magnitude of the above problem, the arthritis programs in the National Institute of Arthritis, Diabetes, Digestive and Kidney Diseases has received only about 12% of the budget of that Institute. The funding to date has led to increased knowledge about the multitude of diseases encompassed under "arthritis", with the result that we now are beginning to understand ways to control these diseases and hopefully limit their potential for crippling.

The development of the research thrust in arthritis which the magnitude of the problem warrants can only be provided through the direction, leadership and autonomy which creation of a separate institute offers. Since the arthritis, bone and skin cluster in NIADDK already has an administrative cohort, an increase in administrative costs from creation of a separate institute should be minimal. It is unrealistic to anticipate that other categories now under NIADDK can argue realistically for other separate institutes for their respective illnesses, since the magnitude of those diseases is infinitesimally smaller with respect to the number of illnesses involved, the number of victims affected and the impact on the economy.

The evidence urging the creation of a separate National Institute of Arthritis seems to speak for itself. I urge you and the members of your committee to consider the above on July 21st.

Sincerely yours,

*Robert W. Lightfoot, Jr.*

Robert W. Lightfoot, Jr. M.D.  
 Assistant Professor of Medicine  
 Chief, Rheumatology Section

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2334 Massey Road  
Memphis, TN 38119  
July 16, 1982

Senator Orrin Hatch  
Chairman, Committee on Labor and Human Resources

Dear Honorable Senator Hatch:

I am writing to express my strong support for the creation of a new institute in NIH for arthritis and musculoskeletal diseases and to request your assistance. The support of arthritis research in the present NIADDK has averaged approximately 12% of the budget of the institute in spite of the fact that this group of diseases affects 35 million Americans and that there are over 100 separate diseases to be dealt with in that group. In recent years very rapid advances in our knowledge in the causes and treatment of various diseases in this area have been achieved, and we are at the verge of accelerated attainment of these goals in several other diseases which need to be resolved. Research in this area, therefore, deserves proper support which has not been forthcoming under the present organization of the NIH structure in part because of the political necessity in NIADDK to maintain all programs "in balance". I believe further development of a strong national research thrust in arthritis requires the leadership and program autonomy which only a separate institute can provide.

Your consideration of this request will be deeply appreciated.

Sincerely yours,

  
Andrew H. Kang, M.D.

AHK:jc

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## University Hospital

73 East Newton Street  
Boston, MA 02118

617/247-3430

## DEPARTMENT OF ORTHOPAEDIC SURGERY

ROBERT E. LEACH, M.D.  
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ISADORE G. YABLON, M.D.  
Director of Research  
G. RICHARD PAUL, M.D.  
Sports Medicine Coordinator  
DAVID SEGAL, M.D.  
Director, Boston City Hospital  
GEORGE WHITELAW, M.D.  
LEON MALKIN, M.D.  
ROBERT PICK, M.D.  
ANTHONY SCHEPSIS, M.D.  
DONALD WISS, M.D.

July 19, 1982

The Honorable Orrin G. Hatch  
Chairman, Committee on  
Labor and Human Resources  
Room 4230  
Dirksen Center Building  
Washington, D.C.

Dear Senator Hatch,

For the past 14 years, I have been a Professor and Chairman of the Department of Orthopedic Surgery at Boston University Medical School. During that period of time, I have been closely allied with the Department of Rheumatology here at the Medical School. Prior to this association, I do not believe I was as aware of the number of patients who have some of the various forms of arthritis that are seen in medical centers. As you are well aware, arthritis afflicts virtually every part of our population but in particular, afflicts many people who are in the prime of their life and may be unable to work or enjoy their life because of this major problem.

My reason for writing to you specifically is to ask you to act favorably on the Senate Bill 1939 which will create a separate national institute on arthritis and musculoskeletal diseases. It is estimated that approximately 11% of all the patients who come to a general practitioner's office have musculoskeletal disorders. That of course is a tremendous number of people. I

feel that this large group of people would benefit immensely from having a separate institute which could bring resources to bear on this problem.

One aspect concerning musculoskeletal disorders is that they are potentially curable. It is my feeling that if everything were brought together under one roof, we would have a chance of making a quantum leap in the treatment of many of these patients. I do hope that you will act favorably on this bill and I appreciate the tremendous amount of work that you and your fellow senators must do and the material that you must consider before making your decisions.

Yours sincerely,

Robert E. Leach, M.D.  
Professor and Chairman  
Department of Orthopedic Surgery  
Boston University Medical School

REL:ka

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UNIVERSITY OF MINNESOTA  
TWIN CITIES

Department of Orthopaedic Surgery  
Mayo Memorial Building  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455  
(612) 373-8452

July 16, 1982

The Honorable Orrin G. Hatch, Chairman  
Committee on Labor and Human Resources  
Room 4230, Dirksen Senate Building  
Washington, D.C.

Dear Senator Hatch:

I am writing to express my concern for Senate Bill 1939 relative to the establishment of a separate Institute for Arthritis and Musculoskeletal Disease. The impact of arthritis and musculoskeletal diseases has been well recognized by Epidemiologists and medical researchers for several years. However, the significant association of aging with disease of the musculoskeletal system makes the future impact to our society even more important than that which we currently experience. No one doubts the need for research in these disorders and this research effort has been served as best possible under the circumstances through the National Institute of Arthritis, Diabetes, Digestive and Kidney Diseases. However, the administrative structure required to administer such a diverse group of research programs in diseases which range all the way from skin disorders, kidney disease, blood disorders and fractures have successfully dissipated the potential positive impact that administrative direction might have focused on a less diverse group of disease processes. Even in the absence of increased funding a sharper focus on disease processes which are closely related and manifest such a major impact on our society would provide better research capabilities for the problems identified in these disease states and disorders. The establishment of a separate Institute of Arthritis and Musculoskeletal Disease would serve to identify the importance of these disorders and diseases on the American public and allow the National Institutes of Health to provide a specific targeted focus to these disorders and diseases by recruiting knowledgeable experts in the scientific fields applied to these areas.

Sincerely yours,

*Roby C. Thompson, Jr.*  
Roby C. Thompson, Jr., M.D.  
Professor and Head

RCT/djc

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## UNIVERSITY OF CALIFORNIA, SAN DIEGO

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SANTA BARBARA • SANTA CRUZ

DEPARTMENT Surgery

Div. of Orthopaedics/Rehabilitation

UNIVERSITY OF CALIFORNIA MEDICAL CENTER  
 SAN DIEGO  
 UNIVERSITY HOSPITAL  
 325 DICKINSON STREET  
 SAN DIEGO, CALIFORNIA 92163

(714) 294-5944

July 19, 1982

Hon. Orrin G. Hatch, Chairman  
 Committee on Labor and Human Resources  
 Room 4230, Dirksen Senate Building  
 Washington, DC

Dear Senator Hatch:

I am writing in support of the formation of an independent Arthritis Institute at the National Institutes of Health.

It is argued that in a time of fiscal constraints and in a time in which attempts are being made to reduce the size of the bureaucracy of Federal Government, that an expansion of the number of institutes does not make sense. I would like to argue against these stands by making the following points:

1) The sheer numbers of Americans affected by arthritis is staggering. The statement that one out of every seven persons is affected by arthritis is conservative. By the time individuals in our society reach the age of 60, virtually all have arthritis in one form or another.

2) The cost to society of the ravages of arthritis are immense. The costs in the disability of back pain alone, one form of arthritis, accounts for the majority of workmen's compensation disability in most states. Additional costs of Social Security and Medicare reach into the billions of dollars each year.

3) Arthritis is placed in an institute at the NIH which is so wide and diverse and has so many responsibilities that its very title sounds like alphabet soup. There is no coherent rationale for the existing organization. An imaginative restructuring of the present Institute to permit the creation of an Arthritis Institute need not increase the total costs of management. What it would allow, however, is a more effective understanding of the importance of arthritis to our citizens and would concentrate attention on research and clinical programs which could potentially alleviate many of the causes of the extant disabilities.

4) With the increasing age of the population within this country, greater disability numbers can be expected in our population. It is crucial that research efforts be amplified in respect to the causation of arthritis to minimize the impact of this process upon the economic, as well as the social, well-being of our society.

I will appreciate your support for this most important Bill. For the reasons outlined above, its implementation must not be delayed.

Sincerely,

*Wayne H. Akeson*  
 Wayne H. Akeson, M.D.  
 Professor and Head  
 Division of Orthopaedics/Rehabilitation  
 and Acting Chair  
 Department of Surgery

MHA/ag

Best Available Copy



## Arizona Arthritis Surgeons

Joseph A. Dupont, M.D.

July 20, 1982

The Honorable Orrin G. Hatch, Chairman  
Committee on Labor and Human Resources  
Room 4230, Dirksen Senate Building  
Washington, D.C.

Re: Bill S. 1939

Dear Senator Hatch:

I am writing in support of Bill S. 1939 which was introduced to the Senate by Senators Barry Goldwater and Alan Cranston.

As you know the intent of the proposed legislation is to establish a separate institute for research activities in arthritis and musculoskeletal disease. The present situation lumps arthritis with a variety of other diseases which have basically no common denominator. The present Bill does not propose any increase in funding, but only to give identity to arthritis as a significant and increasingly important disease entity. If at some time in the future the government again becomes a primary funding source for medical research, arthritis should indeed stand on its own in its request for funds. Meanwhile, the disease, as you know, inflicts an increasingly significant part of the population and indeed 32 million americans are presently being treated for the sequelae of arthritic involvement of their joints at a cost to society of over 30 billion dollars per year in medical and disability payments and lost earnings. Meanwhile, less than \$2.00 per year is being spent on research for each arthritic patient in the United States. Arthritis is now the leading cause of restriction and mobility and is second only to cardio pulmonary disease as a leading cause for disability, accounting for 17% of all social security disability claims and 20% of medicare hospitalization costs.

It has been well documented that all of the efforts of our present medical system have certainly increased the quality of life, however, the life expectancy range has been effected only to a moderate degree over the last 20 years. Thus, with increasing numbers of americans reaching the elderly or senior citizen age group, the problems equated with arthritis will become ever more important with regard to the quality of life. The concept of denying this group of americans of the opportunity to enjoy the quality of life which we have all become accustomed to, is unacceptable.

The thrust of the national institute for arthritis and musculoskeletal diseases will be to oversee research in the areas of the disorders of the musculoskeletal system and hopefully to eventually lead to the prevention of these disorders. As an Orthopaedic surgeon, specialized in arthritic surgery in the private practice of medicine, I wholeheartedly support the concept of a separate institute on arthritis of musculoskeletal diseases and look forward to the passage of S.1939.

Sincerely,

JAD;da

Joseph A. Dupont, M.D.  
(Dictated but not signed)

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NORTHWESTERN UNIVERSITY  
THE MEDICAL SCHOOL  
303 EAST CHICAGO AVENUE  
CHICAGO, ILLINOIS 60611

DEPARTMENT OF  
ORTHOPAEDIC SURGERY

(312) 649-7937

July 21, 1982

The Honorable Orrin G. Hatch  
Chairman, Committee on Labor and  
Human Resources  
Room 4230 Dirksen Senate Bldg.  
Washington, D.C.

Dear Senator Hatch:

I would appreciate the opportunity of presenting a couple of ideas to you with specific regard to S-1939, which would create a National Institute on Arthritis and Musculoskeletal Diseases.

As a youngster approaching senior year of high school in 1949, I was taken ill with poliomyelitis and simultaneously introduced to orthopaedic surgery which subsequently captivated my imagination and my energies throughout my working life. As an orthopaedist, I have worn virtually all of the hats that an orthopaedist can; the hat of a researcher working on blood flow to bone and epidemiologic studies on the incidence of laminectomy throughout the world, the hat of an administrator serving as Chairman of a large University training program in orthopaedics and the hat of a clinician managing youngsters with curvature of the spine, young adults with musculoskeletal trauma, as well as middle aged and elderly patients who are crippled by arthritis and metabolic bone disease. I give this background solely to establish the foundation for my serving as what would be characterized as an "expert witness".

To the extent that I am reasonably familiar with the world of orthopaedics and the management of arthritic and musculoskeletal diseases, I suppose can be considered an expert witness but when it comes to basic knowledge about the etiology, pathogenesis, and therapy of such conditions as scoliosis, arthritis, degenerative disc disease and osteoporosis, to name only the most obvious, neither I nor any others can be considered really very expert. As a matter of fact, we orthopaedists, (as well as all the other medical specialists) hide our lack of expertise with respect to the causes of various conditions by dressing them up with a big word, "idiopathic". It is to remedy

THE MCGAW MEDICAL CENTER OF NORTHWESTERN UNIVERSITY

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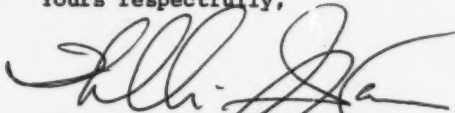
these woeful gaps in our knowledge that the Goldwater/Cranston Bill has been introduced, and I hope will be acted upon favorably in the Senate.

At the present time research on musculoskeletal problems is caught up in one of the research institutes which also deals with such disparate subjects as endocrinology, diabetes, skin problems, and urological diseases.

The Bill to establish a separate Institute for Arthritis and Musculoskeletal Diseases will simply focus attention on a set of diseases and problems which cost the nation and industry unnecessary billions of dollars in medical expenses and lost productivity because of inadequate management regimens. I fully realize that in this period of economic recession that additional funding for such an Institute is not warranted but that is not the thrust of S-1939. To ignore the long-range economic benefits of diminishing the impact of any of these conditions is not more sensible than achieving the short-range economic benefit by failing to establish such a separate institute.

I very much appreciate the opportunity of presenting this matter to you for your consideration and I hope that you will look favorably upon this measure before the United States Senate.

Yours respectfully,



William J. Kane, M.D., Ph.D.  
Professor of Orthopaedic Surgery

WJK/mjh

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Dalton Orthopaedic Associates  
*Conrad H. Easley, M.D., P.C.*  
*F. Barry Hodges, III, M.D., P.C.*  
*Charles H. Herndon, Jr., M.D., P.C.*

1103 MEMORIAL DRIVE  
 DALTON, GEORGIA 30720  
 404-226-8318

July 19, 1982

The Honorable Orrin G. Hatch, Chairman  
 Committee on Labor and Human Resources  
 Room 423, Dirksen Senate Building  
 Washington, D.C.

Dear Senator Hatch:

I am writing you to express a grave concern of mine with regards to the millions of people in our country who are suffering impairment and disabilities related to arthritis and musculoskeletal diseases. I sincerely feel that more emphasis needs to be placed on this area because of the magnitude of the problem and its effect on so many.

I have now been in the private practice of Orthopaedic Surgery for nine years. There are no problems greater in my practice than those related to the various types of arthritis. I have seen adults literally fall apart with the sequelae of Rheumatoid Disease. I can remember one man who had a very productive life during his younger years and in early middle age, but then he had the rapid onset of an entity known as Arthritis Mutilans. This literally destroyed his body and eventually led to his untimely death. This should emphasize that Rheumatoid Arthritis is more than just arthritis, and it indeed does affect many organ systems. I can also remember seeing and treating many children who have had their quality of life adversely affected during their formative years when they should be able to run and play, and in general, just be little people while they have the chance.

From the standpoint of a physician, it is many times quite discouraging to be so limited in what we have to offer people. The horrible reality of the devastating afflictions associated with arthritis and musculoskeletal diseases is at times overwhelming and discouraging for those of us who are trying to help people. I fully realize that in my life time I may not witness the eradication of these diseases, but I feel that the seed we sow now are foundations for the future. The fruits of our labors today may well be realized by those who come after us,

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and just maybe we can make a better world for our children and our children's children. I feel that it should be the purpose of every intelligent being to leave the world a little better place in which to live than it was when one emerged upon the scene.

For the above reasons, and many more individual reasons, I would like for you to give serious consideration to the formation of a separate National Institute on Arthritis and Musculoskeletal Diseases within the National Institutes of Health. I do not feel that it is necessary to delineate more federal funding to this area, but I do believe that it would give this vital area due recognition so that proper attention will be directed to the needs of the numerous people affected by these chronic disorders.

If there is any way that any of us in the Orthopaedic Community can be of any assistance, please do not hesitate to get in touch. Once again, thank you for your kind attention and consideration of this vital matter.

Sincerely,

*Conrad H. Easley*  
Conrad H. Easley, M.D.

CHE/kr

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**ALBUQUERQUE ORTHOPAEDIC ASSOCIATES, P.A.**

1025 Medical Arts St., N.E. 87102 • P.O. Box 26897 87125 • (505) 247-4126  
Albuquerque, New Mexico

JOHN F. BOYD, M.D., F.A.C.S.  
IRVINE G. JORDAN, JR., M.D., F.A.C.S.  
COURSEN B. CONKLIN, M.D.  
STEVEN H. FEAGLER, M.D., F.A.C.S.

DEPARTMENT OF PHYSICAL THERAPY  
M. TIBLJAS, RPT, LIC. #285

July 20, 1982

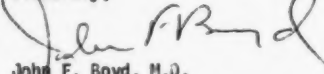
The Honorable Orrin G. Hatch, Chairman  
Committee on Labor and Human Resources  
Room 4230 Dirksen Senate Building  
Washington, D.C.

Dear Senator Hatch:

In the near future you will be deliberating on Senate Bill 1939, which will create a single institute for funding research for arthritis and its functional group of diseases. I am sure you are well aware of the physical and financial burden that this group of diseases has placed on the American public in recent years. The statistics which you have heard innumerable times are astounding and although we have made some significant strides in recent years, I feel it is most important that funding for further arthritis research be more efficiently administrated in this time when we all are vitally concerned with the efficient use of our tax dollars. I think it is much more appropriate to focus our attention and therefore, our money, into an organizational entity which can use our taxpayer dollars in a way which will greatly diminish the financial burdens which arthritis and its related diseases imposes on the American public today. I believe it is incongruous to include under one organizational table the basically unrelated diseases of arthritis, diabetes, digestive diseases, urological diseases, skin disorders, metabolism, etc. The establishment of a separate institute would have a great many advantages, including the best possible leadership with resultant high quality of research programs and therefore, decrease costs in the distant future.

I, therefore, urge you to vote favorably on Senate Bill 1939, which would go one step further in efficiently using our tax dollars for needed research.

Sincerely,

  
John F. Boyd, M.D.

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## Mayo Clinic

Rochester, Minnesota 55905 Telephone 507 284-2511

William P. Cooney, M.D.  
Orthopedic Surgery  
Surgery of the Hand

July 14, 1982

The Honorable Orrin G. Hatch, Chairman  
Committee on Labor and Human Resources  
Room 4230, Dirksen Senate Building  
Washington, D.C.

Dear Senator Hatch:

I am writing with regard to the proposal for the creation of a National Institute on Arthritis and Musculoskeletal Diseases within the National Institutes of Health. My primary interest of activity is surgery of the hand and upper extremity. As you are probably well aware, trauma to the hand and upper extremity is one of the most significant locations of trauma in the United States as well as the World. Approximately sixty percent of trauma cases seen in our Emergency Rooms at the Mayo Clinic are related to injuries of the hand and upper extremity with over eighty percent of the trauma cases related to musculoskeletal injury alone. The amount of time loss from work and expenses related to rehabilitation and treatment of these serious extremity injuries are a significant cost to the society as a whole and to the medical care system in general.

New areas of research in musculoskeletal diseases is necessary not only in the areas of arthritis but as well for trauma. Important innovative discoveries in the area of microsurgery over the past ten years demonstrate the value of research in musculoskeletal diseases and trauma. Furthermore, work in biomechanics of the extremities has greatly improved the reconstructive surgery efforts now available and have returned our injured employees back to work at an increased rate. We are currently using clinical biomechanical evaluation of hand function to determine Workmen Compensation levels and the ability of an individual to return to work based on the clinical assessment exam. This has helped reduce the lay-off time for many of these injured workers who tend to fall into the unfortunate problem of delaying their return to work since Workmen's Compensation payments to them have adequately supplemented the lost income from their jobs.

As you are aware at this time, research activities in arthritis and musculoskeletal diseases are in a combined institute with arthritis, diabetes, digestive and kidney diseases. I hope you will strongly support efforts to increase the research in musculoskeletal diseases, trauma and arthritis by the formation of a separate institute. In this way, significant improvement in the research with improved patient care can occur with proper emphasis given to problems of the musculoskeletal system. Please direct your efforts and prestigious support of national institute for arthritis and musculoskeletal diseases.

Sincerely yours,

*W P Cooney*  
W. P. Cooney, M.D.

WPC:pkm

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## Mayo Clinic

Rochester, Minnesota 55905 Telephone 507 284-2511

Bernard F. Morrey, M.D.  
Orthopedic Surgery

July 20, 1982

The Honorable Orrin G. Hatch, Chairman  
Committee on Labor and Human Resources  
Room 4230, Dirksen Senate Building  
Washington, D.C.

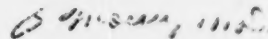
Dear Senator Hatch:

Since I have become aware of the circumstances in which the national funding of arthritis and musculoskeletal disease research is being conducted, I feel obliged to contact your office concerning what seems to me to be a rather inefficient and possibly nonoptimum means of assessing such research.

Although I certainly am not an expert on the organization of your National Institute system, I am aware that the research in arthritis and musculoskeletal diseases is categorized and evaluated with other types of medical disciplines which are in no way related. To share the funds between, for example, diabetes and arthritis, I think is illogical. Certainly, from a medical standpoint, as well as the demographic or epidemiologic standpoint, a more productive and hopefully more optimum distribution of the funds could be brought about if categories of investigation were grouped according to similarities rather than as a potpourri of things left over. This appears to be the status now.

I would wholeheartedly support, therefore, S. 1939 in favor of creating a separate National Institute on Arthritis and Musculoskeletal Diseases.

Sincerely,



B. F. Morrey, M.D.

BFM:lg

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TELEPHONE: 962-9400

WAREHOUSE: 2300 MT. EPHRAIM AVENUE  
WOODBLYNNE, N. J. 08107**WILLIAM P. WILSON, INC.**

WHOLESALE ASPHALT, ASBESTOS &amp; ALUMINUM ROOFINGS &amp; SIDINGS

July 15, 1982

Senator Orrin B. Hatch, Chairman  
Senate Labor and Human Resources Committee.  
125 Russell Building  
Washington, D.C. 20510

Dear Senator Hatch,

We write this letter to express support for a New National Institute on Arthritis and Musculoskeletal Diseases. We urge your Committee to incorporate The New Institute in Senate Bill 2311, The Bio-Medical Research Amendments of 1982.

We feel a greater emphasis is needed on Arthritis and Musculoskeletal Diseases. Particular concern to us, at the present time, is Osteogenesis Imperfecta, as our family has just lost a four and one half month old baby to this Disease.

It is common knowledge that less than one percent of The National Institute of Health Budget is allocated for research in this area.

We feel it is imperative and necessary, therefore, urgently recommend your Committee to take immediate action to adopt Legislation to form The New Institute. Thank you.

Sincerely,

*Albert L. Di Campli*

Albert L. Di Campli, President  
William P. Wilson Inc.

*Lucille J. Di Campli*

Lucille J. Di Campli, Regional Director  
The American Brittle Bone Society

ald:ljd

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Los Angeles County/University of Southern California  
Medical Center  
Clinical Immunology and Rheumatic Disease Section  
Department of Medicine



David A. Horwitz, M.D., Chief  
Sheldon M. Cooper, M.D.  
Glenn R. Ehresmann, M.D.  
Rodanthe C. Kitridou, M.D.  
Francisco P. Quismorio, Jr., M.D.  
Antony C. Bakke, Ph.D.  
Angeline S. Douvas, Ph.D.  
Mariana Linker-Israeli, Ph.D.  
Simona Gendler, M.D., Ph.D.

Edward E. Mongan, M.D.  
Thomas D. Beardmore, M.D.  
Ronald L. Kaufman, M.D.

July 16, 1982

Senator Orrin Hatch  
Chairman  
Committee on Labor and Human Resources  
Capitol Hill  
Washington, D.C. 20036

Dear Senator Hatch:

I am writing to support the Goldwater/Cranston bill for the creation of a new NIH institute for Arthritis and Musculoskeletal Diseases. During the past few years Arthritis has not received the financial support commensurate with its disabling effects on the American population. Moreover, research has suffered because of cutbacks in funding. I am enclosing for your inspection data recently published by the Robert Wood Johnson Foundation indicating that over 18 million Americans are afflicted with Arthritis and next to heart disease is the most disabling chronic disease. Arthritis includes over 100 separate diseases.

I would like to call to your attention that during the past two decades, progress has been staggering in understanding the pathologic mechanisms which cause certain kinds of Arthritis. It has become clear that many of the inflammatory forms of arthritis are caused by immunoregulatory disturbances. The growth and development of research into autoimmune diseases during the past fifteen years can be compared with the growth in aerospace from the first flight of the Wright Brothers to the present space shuttle program! Ten years ago, those of us in this field had not identified the cellular components involved in the immune system. Today, we are biochemically analyzing molecular structures on well characterized cells.

In my own case, to date, I have published 50 papers in peer review journals since I entered this field thirteen years ago. However, my first NIH grant was not funded until I was an established investigator at age 37. Even at this time I spend at least one-third of my time writing grant applications rather than being involved in productive research. Without question, this difficulty in obtaining research support has discouraged bright, young physicians from pursuing careers in academic rheumatology.

UNIVERSITY OF SOUTHERN CALIFORNIA, 2025 ZONAL AVENUE, HRM 711, LOS ANGELES, CALIFORNIA 90033  
(213) 224-7880 Research Unit (213) 226-7873 Clinical Unit

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It may be argued that the increased administrative costs of an institute may eat up available funds. However, the core personnel needed to administrate an Arthritis Institute are already in place and the ancillary expenses for new counsel members would be minimal.

I am convinced that in my lifetime considerable progress can be made in the treatment of patients with arthritis with the development of a new class of drugs which repair immunologic deficits. This can only be accomplished with continuing progress in basic research. The financial resources available at this time have hampered these efforts and, in my judgement, only a separate institute can provide the momentum to keep these programs moving. I understand that in these times of fiscal constriction there may be a reluctance to expand the National Institutes of Health, but I believe the reasons for the creation of an Arthritis Institute are compelling.

Thank you for your careful consideration of this matter.

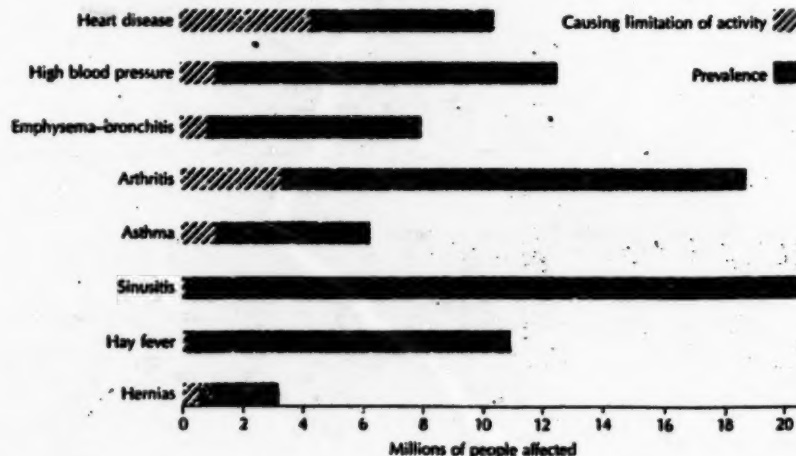
Very truly yours,



David A. Horwitz, M.D.  
Professor of Medicine  
Chief, Clinical Immunology  
and Rheumatic Disease Section

enclosure

#### The Burden of Chronic Disease



The Robert Wood Johnson Foundation  
Annual Report, 1982

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THE UNIVERSITY OF CONNECTICUT  
HEALTH CENTER

July 16, 1982

Senator Orrin Hatch  
Chairman, Committee on Labor  
and Human Resources

Dear Senator Hatch:

I am Professor of Medicine, Chief of the Division of Arthritis and a Director of an NIH supported Multipurpose Arthritis Center.

I am writing to you in the hope that I can convince you that an Arthritis Institute at the NIH is desperately needed in order to fulfill the hopes of the millions of patients with various forms of arthritis that research will eventually lead to the causes and cures of their disease.

My particular research area is in systemic lupus erythematosus a disease of young women which is receiving much public notice at the present time. A national Lupus Foundation has been formed and I serve on its Board of Directors. The research support for lupus has always come from NIAMDOK and has never been adequate. Research on this disease has major implications for many other so called "autoimmune diseases" including rheumatoid arthritis.

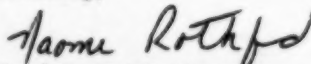
The fact that lupus and arthritis research has consistently received only 12 percent of the budget of NIAMDOK has long frustrated investigators and patients concerned with progress in research on their disease. It has become clear that only with a separate institute devoted to the many areas of research in arthritis can progress be made.

Research in lupus has already had an impact in the direction of research in such diseases as multiple sclerosis, diabetes, liver disease and certain types of renal disease. Lupus has become the one disease in which patients have significant abnormalities of all parts of their immune system. Thus, genetic typing in lupus patients has led to findings which were later applied to other diseases. Yet this research which is so far reaching receives very little of the 12 percent budgeted for arthritis at NIAMDOK.

I hope that you will see the establishment of a new institute as progress rather than as additional dollars spent for administrative costs. None of us want to see an increase in administrative costs and those of us in academic medicine will try to restrain any excess or additional administrative costs as much as possible for the new institute. Spending more administrative dollars at this point in time would be obscene.

Thank you.

Sincerely,



Naomi F. Rothfield, M.D.  
Professor of Medicine  
Chief, Division of Rheumatic Diseases

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## STANFORD UNIVERSITY MEDICAL CENTER

STANFORD, CALIFORNIA 94305

STANFORD UNIVERSITY SCHOOL OF MEDICINE  
Department of Medicine

July 20, 1982

Senator Orrin Hatch  
Chairman, Committee on Labor and Human Resources  
Senate Office Building  
Washington, D.C.

Dear Senator Hatch:

I write in strong support of the bill to create a new institute in the National Institutes of Health for arthritis and musculoskeletal diseases.

As Director of The National Arthritis Data Resource, ARAMIS, and as Director of the program in arthritis at Stanford University School of Medicine, I have a particularly clear vantage point from which to view the importance of arthritis and related diseases to the nation, both as collective burden and as individual tragedy. These diseases decimate our work force more than any other category of illness, and have a larger cumulative economic impact than any other category of disease other than the cardiovascular, with impact being both indirect medical costs and indirect human costs. More individuals are afflicted, over a greater proportion of their lifetime, than with any other set of illnesses.

Yet, arthritis research has lagged in funding, making up only some 12% of the budget of a single institute. The National Arthritis Act and the report of the National Commission of Arthritis have delineated the problem but meaningful change has not resulted, in large part due to the submersion of arthritis activities within an institute with many and conflicting politics and priorities. The aging American finds his or her most likely future health problem to be neglected by funding priorities.

Since the National Institutes of Health were founded, the illness burden of the United States has shifted. We must shift our institutions to meet the new challenges. I enclose a recent article which expands on some of these points.

Respectfully yours,

James F. Fries, M.D.  
Associate Professor of Medicine  
Director, American Rheumatism Association  
Medical Information System

Enclosure

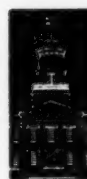
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## The University of Iowa

Iowa City, Iowa 52242

The University of Iowa Hospitals and Clinics  
Department of Internal Medicine(319) 356-2883  
If no answer, 356-1616

July 20, 1982



Senator Orrin Hatch  
Chairman  
Committee on Labor and Human Resources

Dear Senator Hatch:

Having read that your committee is to hold a hearing on the authorization for the new Arthritis Institute, I am writing to provide you my strong support for the creation of that institute. I am the Director of Rheumatology at the University of Iowa, having also served on the faculty at UCLA where I performed arthritis-related basic research for nine years before my arrival here in 1980. I trained for my research career in the Arthritis and Rheumatism branch of the NIADDK. But throughout my research career I have seen the limited growth of that institute's funding eaten up by the addition of one new research area after another. NIH funding for arthritis research has been a bitter joke in the rheumatology field. Despite the size and prestige of the UCLA rheumatology division, I am not aware of any member of the Division ever supporting their research through NIH grants from NIADDK. The only realistic chance for funding has always been through one of the other institutes. This is because only about an eighth of the budget of NIADDK has been turned into grants for any of the hundred diseases which Rheumatology encompasses. One of those diseases (and not the commonest one), rheumatoid arthritis, affects 1-2% of the population of the United States and is probably second only to the common cold as a cause of days lost from work. There just is no way to maintain that the meager share of funds devoted to arthritis research is proportional to its relative importance in either medical or economic terms, among the many research areas supported by the NIH.

Despite this relative lack of attention, we stand on the threshold of extremely important progress in the area of arthritis, both in understanding how it comes about and understanding how to control it. If one projects recent progress in developing new therapies and new drugs into the immediate future, the impact of increased research funding now can be clearly anticipated. The promise for much of this progress rests in grants already approved, but unfunded. The administrative structure of the current NIADDK has not permitted any realistic response to this imbalance between need and funding. Only a separate institute encompassing research on the more than 100 rheumatic diseases can provide the program leadership and autonomy necessary for achieving the progress in arthritis research which the country needs in the next decade and beyond.

I acknowledge that if every disease category were to become a separate institute the administrative costs at NIH might well rise, but I know from working there that there is an administrative structure for arthritis already within the current institute which could achieve more progress with no more personnel if it were granted institute status. I don't favor an unlimited proliferation of institutes, but I stoutly maintain that because of the number of diseases included, the tremendous social, medical and economic impact these diseases have, and the current scientific opportunities for understanding and controlling these diseases, that the need for arthritis research within the medical sciences is now a unique case. I strongly urge that the bill to create a new and separate Arthritis Institute within the NIH family be supported and adopted. From 10 years hence, this decision will be seen in retrospect to have been very wise, and a credit to those who publicly supported it.

Sincerely yours,

Robert F. Ashman, M.D., Director  
Division of Rheumatology

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STATE UNIVERSITY of NEW YORK

College of Medicine  
Department of Medicine  
(315) 473-4480

Upstate Medical Center  
750 E. Adams Street  
Syracuse, New York 13210

July 21, 1982

Senator Orrin Hatch  
Chairman, Committee on Labor  
and Human Resources  
United States Senate

Dear Senator Hatch:

I am writing to urge your support for a separate arthritis institute in NIH. As you know, the many different forms of arthritis affect at least 35 million Americans, and virtually everybody over the age of 60. Research is the only answer to finding the causes of arthritis, which would then lead to vastly improved treatment and perhaps even prevention. I believe that a separate arthritis institute would allow a much stronger research effort in this area, and so achieve these goals.

I recognize that these are difficult economic times both for individuals and the government, but I think that a properly structured separate arthritis institute should not greatly increase administrative costs, and is certainly worthwhile in terms of the benefits that will flow through, probably in the near future, to the many victims of these diseases. I hope that you will support this bill to the fullest.

Sincerely yours,

Paul E. Phillips, M.D., F.A.C.P.  
Chief of Rheumatology

PEP/sa

cc: Dr. Frederic C. McDuffie  
Senior Vice President  
Medical Affairs  
Arthritis Foundation  
3400 Peachtree Rd., N.E.  
Suite 1101  
Atlanta, Georgia 30326

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# OKLAHOMA MEDICAL RESEARCH FOUNDATION

Morris Reichlin, M.D., Head  
Arthritis and Immunology Laboratory

July 19, 1982

The Honorable Orrin Hatch, Chairman  
Committee on Labor and Human Resources  
United States Senate  
Washington, D.C. 20515

Dear Senator Hatch:

I am writing in support of the creation of a new institute in the NIH for arthritis and musculoskeletal diseases.

It is my strong feeling that such an institute is in the best interest of the progress in an area which affects 30 million Americans and includes over one hundred separate diseases. The disability and suffering that results from these diseases are awesome and every effort should be made to mount a more effective and focused approach on this problem with the resources in hand.

There have been tremendous advances in knowledge made possible through arthritis research and the treatment of certain specific diseases such as gout, osteoarthritis and rheumatoid arthritis and the rapid development of new drugs which have favorable effects on the present status of patients and the course of the disease. There has been progress in understanding the biochemistry of cartilage, genetic factors in rheumatoid arthritis, autoimmunity and these have resulted directly from past support of the NIH. Many unfunded proposals lie waiting to enhance this progress and push us forward.

It seems clear to me that a better ordering of priorities in terms of funding, a more focused approach to the special problems that surround arthritis research, and the development of a strong national research thrust in arthritis requires that direction and leadership be unified in association with program autonomy which only a separate institute can provide. I realize the arguments against the creation of another institute and the claim that this will lead to increased bureaucracy and inefficiency but I do not believe that this is necessary. I urge you to act favorably on this bill so that research and study can go forward in enhancing our knowledge of these diseases to make for a healthier America.

Sincerely yours,

*Morris Reichlin*  
Morris Reichlin, M.D.

MR:kh

825 N. E. 13th / OKLAHOMA CITY, OK 73104 / 405-271-8873 / OKLA. WATS 1-800-522-0211

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**Brigham and Women's Hospital**

A Teaching Affiliate of Harvard Medical School  
75 Francis Street, Boston, Massachusetts 02115  
(617) 732-5351

PETER H. SCHUR, M.D.  
Professor of Medicine  
Harvard Medical School

July 20, 1982

Senator Orrin Hatch  
Chairman, Committee on Labor and Human Resources

Dear Senator Hatch:

Although it is a little late, I would like to go on record regarding the question of the Arthritis Institute. I am sorry for the delay, but I just heard today of the hearings.

My major concern is for the arthritic patient. During the hearings for the Arthritis Act, which I attended in Boston, patient after patient, relatives, physicians, scientists, mostly wanted the same thing: a cure. I run an Arthritis Clinic here, and I see patients suffer. I give them the best treatment I know how, and give them hope that perhaps research in the future will help more. But the problem is now, not some distant future. The patients suffer because not enough is known about arthritis, its causes, its cures. I do not want to take a stand on the question of the Arthritis Institute, I only ask for more help for the arthritis patient. Help them, by giving them hope, giving the investigators adequate resources to find these causes and cures. A war on Arthritis would be a popular war. Please help.

Thank you.

Sincerely yours,

*Peter H. Schur*

Peter H. Schur, M.D.

PHS/dj

Boston Hospital for Women/Peter Bent Brigham Hospital/Robert B. Brigham Hospital/Brookside Park  
Family Life Center/Southern Jamaica Plain Health Center/Peter Bent Brigham School of Nursing

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SANTA BARBARA • SANTA CRUZ

LOS ANGELES, CALIFORNIA 90024

July 20, 1982

Senator Orrin Hatch  
Chairman  
Committee on Labor and Human Resources

Dear Senator Hatch:

I am writing to request your assistance and support for the proposal to create a new Institute for Arthritis and Musculoskeletal Diseases in the National Institutes of Health. Those of us who care for patients with rheumatic diseases feel that the accumulated knowledge about this field, and its economic and emotional impact on millions of patients, justify a separate Institute. Research in this field will benefit from sophisticated coordination of basic disciplines such as protein and collagen biochemistry, genetics, cellular and humoral immunology, inflammatory mechanisms and pharmacology, with the development, testing, and dissemination of therapeutic applications. This sophisticated coordination can be provided much more effectively by a separate Arthritis Institute whose administrators have a single purpose.

Thank you for your interest and assistance.

Sincerely,

A handwritten signature in cursive script that reads "Harold E. Paulus".

Harold E. Paulus, M.D.  
Professor of Medicine

HEP:emt

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**N.I.A.D.D.K.**  
**Multipurpose Arthritis Center for the Tri-State Area**  
 7562 Medical Sciences Building, University of Cincinnati Medical Center, Cincinnati, Ohio 45267

July 16, 1982

**DIRECTOR**

Evelyn V. Hess, M.D.  
 872-4701

Senator Orrin Hatch  
 Chairman Committee on Labor and  
 Human Resources  
 United States Senate  
 Washington, D.C.

**ASSOCIATE  
 DIRECTOR**

Joseph E. Levinson, M.D.  
 588-4878

**ADMINISTRATIVE  
 COORDINATOR**  
 Kathleen G. McLane  
 872-4701

Re: Proposal for an NIH Arthritis Institute

Dear Senator Hatch:

**EXECUTIVE  
 COMMITTEE**

Louis Adams  
 Frank Cagnetti  
 Jerome Herman, M.D.  
 Evelyn V. Hess, M.D.  
 Sue Kreft  
 Joseph E. Levinson, M.D.  
 Marianne Olson  
 Edith Shear

I would like to take this opportunity to strongly urge you to support the proposal for the separate Arthritis Institute. I speak as the Director of a large rheumatic disease program and someone who has had a lifelong interest in the rheumatic diseases.

There are many arguments in favor of the proposed bill. They include:

**ADVISORY  
 COUNCIL**

Robert Daniels, M.D.  
 Virginia Donaldson, M.D.  
 Peter Gartsdale, Ph.D.  
 David Mann  
 Norman Murdock  
 Janet Payne  
 Vito Rallo  
 William Schubert, M.D.  
 Marlon Spencer  
 Bobbie Sterne  
 Stanley S. Troup, M.D.  
 Richard Viter, M.D.  
 Donald I. Wagner, M.D.

1. Arthritis Research in NIADDK has consistently received only about 12% of the budget of the Institute in spite of:
  - a) Magnitude of the problem which affects 35,000,000 Americans
  - b) Over 110 separate diseases included.
2. Rapid advances in knowledge obtained through rheumatic disease research have already led to more effective treatment - uricosuric and uric acid suppressors for gout, arthroplasties for osteoarthritis and rheumatoid arthritis, immunosuppressives for inflammatory connective tissue disease, prostaglandin inhibitors for rheumatoid arthritis and other inflammatory arthritides, new remittive drugs for rheumatoid arthritis.
3. Rapid progress in understanding biochemistry of cartilage, genetic factors in rheumatoid arthritis, autoimmunity, defects in immunoregulation, etc., has resulted in an increasing number of unfunded approved grants in arthritis.
4. Because of political necessity in NIADDK to keep all programs in balance it is not possible to devote a greater share of funds to a field offering a better payoff.
5. Development of a strong national research thrust in rheumatic diseases requires the direction, leadership, and program autonomy which only a separate institute can provide.

All of the investigators and professionals involved in this large Rheumatic Disease Center favor the concept of a separate Institute for Arthritis and Rheumatic Diseases. We do hope that you and the members of your Senate Committee will give it your support.

My thanks to you for your interest.

Sincerely yours,

Evelyn V. Hess, M.D., F.A.C.P.  
 McDonald Professor of Medicine  
 Director, Division of Immunology

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## CASE WESTERN RESERVE UNIVERSITY == UNIVERSITY HOSPITALS OF CLEVELAND

ROLAND W. MOSKOWITZ, M.D.  
 Professor of Medicine  
 Director, Division of Rheumatic Diseases



3073 Abington Road  
 Cleveland, Ohio 44106  
 Office (216) 444-3188

19 July 1982

Senator Orrin Hatch  
 Chairman, Committee on Labor and Human Resources  
 Washington, D.C.

Dear Senator Hatch:

I would like to strongly support and recommend authorization for formulation of an Arthritis Institute at the National Institutes of Health. Arthritis affects over 30,000,000 Americans and ranks high in a production of pain and disability to persons affected. As a component of the National Arthritis Diabetes, Digestive Diseases, and Kidney Diseases Institute, funding for arthritis research has been limited, representing only approximately 12% of the budget of this Institute. Rapid advances in knowledge and techniques provide the substrate for very effective delineation of answers to the prevention, cause and cure of these very debilitating disorders. Although strong progress has been made in research in arthritis as a member of NIADDK, the need for a specific strong and augmented thrust in research requires the direction and leadership which can be provided only by an autonomous program as an institute unto itself.

The administrative costs of a separate institute are relatively small considering the marked gains to be developed from such a reorganizational process. Although approval of an Arthritis Institute might lead to demands from other subspecialty disease groups for similar separate institutes, the prevalence of arthritis and its impact on American citizens require at this time that it be uniquely considered for such separate status.

Your strong support of the NIH authorization bill for an Arthritis Institute is respectfully requested for consideration.

Sincerely,

*Roland W. Moskowitz*

Roland W. Moskowitz, M.D.

RMW:bb1

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UNIVERSITY OF VIRGINIA  
SCHOOL OF MEDICINE  
CHARLOTTESVILLE, VIRGINIA 22908

## DEPARTMENT OF INTERNAL MEDICINE

JOHN S. DAVIS, IV, M.D. HEAD (804-924-9213)  
CAROLYN M. BRUNNER, M.D. (924-2192)  
JOSEPH J. BURGE, M.D. (924-9213)  
H. DAVID KAY, PH.D. (924-2178)  
WILLIAM M. O'BRIEN, M.D. (924-9273)  
STUART A. ROSENBERG, M.D. (924-2192)

DIVISION OF RHEUMATOLOGY  
BOX 412

ARTHRITIS CLINIC (924-9213)  
LUPUS CLINIC (924-9213)  
ARTHRITIS CLINICAL LAB (924-2192)

July 19, 1982

Senator Orrin Hatch  
Chairman, Committee on Labor and Human Resources

Dear Senator Hatch:

I am writing to support the floor amendment, proposed by Senators Goldwater and Cranston, to authorize a new institute in the National Institutes of Health for arthritis and musculoskeletal diseases.

Arthritis research, in my opinion, has received only a very small segment of the total amount put in for biomedical investigation. This is in the face of the fact that arthritis affects more Americans than almost any other disease entity. As you well know, it is a major cause of disability, and the cost to society in the form of time lost from work and compensation payments is tremendous. I do believe that a separate Arthritis Institute is justified, and in fact, should have been accomplished many years ago.

I am not in general in favor of increasing the number of specific institutes. I believe that there are probably already too many private foundations dealing with disease entities that have very little impact on society. In some areas now, there is too much dilution. On the other hand, arthritis, which affects massive numbers of people, is surely an area that should receive specific and highly visible attention from the federal government.

Thank you very much for your consideration.

Sincerely yours,

*J. S. Davis*  
John S. Davis, IV, M.D.  
Professor of Medicine

JSD/clc

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UNIVERSITY OF WASHINGTON  
SEATTLE, WASHINGTON 98195

*School of Medicine  
Department of Medicine  
Division of Rheumatology, RG-20*

July 19, 1982

Senator Orrin Hatch  
Chairman, Committee on Labor and  
Human Resources

Honorable Senator Hatch:

This letter is to urge you to support the legislation to authorize the establishment of a National Institute of Arthritis. A number of reasons exist for establishment of a separate national institute devoted to arthritis. The needs for increased research activities in arthritis were recognized and well-expressed in the National Arthritis Act of 1974. This public law, passed by the 93rd Congress, raised the hopes of many millions of Americans affected by over 100 separate arthritis conditions. The Arthritis Plan that was subsequently prepared by the National Commission on Arthritis and Related Musculoskeletal Diseases unfortunately did not lead to the recommended increase of research activities and did very little to fulfill the hopes of those affected with the various forms of arthritis. This may have in part been due to the fact that arthritis research constitutes one of ten areas currently under the research program of the National Institute of Arthritis, Diabetes, Digestive and Kidney Diseases and receives or has received 10-12% of the research budget of that institute. Considering the overall structure of the National Institutes of Health, the reasons for creating a separate institute for arthritis seem to be overwhelming.

The principal reasons for creating a separate National Institute of Arthritis can be summarized as follows:

1. The number of arthritis victims in the United States.
2. The diseases collectively called arthritis actually consist of over 100 separate disorders.
3. The progress and promise of further advances in the understanding of many forms of arthritis are greater than at any time in the past. Some examples of success and of meaningful progress are as follows:
  - a. Control of inflammation in gout and control of excessive levels of uric acid.

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- b. Replacement of damaged joints by artificial implants.
- c. Partial control of inflammation in arthritis by nonspecific anti-inflammatory drugs.
- d. Drugs that lead to remission in some patients with rheumatoid arthritis.
- e. Increased understanding of the inflammatory process in several forms of arthritis.
- f. Increasing knowledge of the processes of inflammation in rheumatoid arthritis that should lead to the elucidation of the cause of this dreaded disease.
- g. Understanding of the genetic predisposition of ankylosing spondylitis that stiffens the spine of affected individuals.
- h. Increased understanding of the disease process in systemic lupus erythematosus that kills or cripples young and old alike.
- i. Increased understanding of the structure and function of cartilage and bone that are affected by osteoarthritis, the most common form of arthritis.
- j. Increased understanding of the various forms of arthritis in children.

Over the past 15 years I have served the National Institutes of Health and other branches of the government in several consulting capacities, including as co-chairman of the research work group of the National Commission on Arthritis and Related Musculoskeletal Diseases, and thus am familiar with the administrative structure of the Institutes. I believe, that the increased administrative costs of a separate institute will be relatively small, considering the magnitude of the arthritis problem of the citizens of the United States. For all these reasons I urge you to support the establishment of the National Institute of Arthritis.

Respectfully yours,



Mart Mannik, M.D.  
Professor of Medicine  
Head, Division of Rheumatology

MM:nr

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## UNIVERSITY OF CALIFORNIA, SAN DIEGO

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SANTA BARBARA • SANTA CRUZ

DIVISION OF RHEUMATIC DISEASES  
SCHOOL OF MEDICINE  
(714) 294-5635  
294-5982

UNIVERSITY HOSPITAL  
225 DICKINSON STREET  
SAN DIEGO, CALIFORNIA 92103

July 20, 1982

Senator Orrin Hatch, Chairman  
Committee on Labor and Human Resources

Dear Senator Hatch:

I am of the opinion that the cause of arthritis patients and the rapid advancement of arthritis research would be significantly improved by the formation of a new institute at the NIH for Arthritis and Musculoskeletal Diseases. Those of us actively engaged in research in this field have had the feeling that arthritis research has received less than favorable attention in the existing NADDK. At the present time, there is evidence that we are on the threshold of a significantly greater understanding of important rheumatic diseases, such as rheumatoid arthritis and systemic lupus erythematosus; and thus a concentrated attention to and financing of these areas could result in better treatments for the many millions of sufferers from these diseases.

I hope you will give serious consideration to arguments in favor of the formation of this new institute.

Sincerely,

Nathan J. Zvaifler, M.D.  
Professor of Medicine  
Director, Division of  
Rheumatic Diseases

NJZ/lmr

Office of the Chairman of the Board  
Roberta I. DeVito



**American Brittle Bone Society, Inc.**

~~1286 Merrill Drive, Marshallton, West Chester, PA 19380~~  
1286 Merrill Drive, Marshallton, West  
Chester, PA 19380

July 16, 1982

Senator Orrin G. Hatch, Chairman  
Senate Labor & Human Resources Committee  
125 Russell Building  
Washington, D.C. 20510

Dear Senator Hatch:

I would like to express my urgent support for a National Institute on Arthritis and Musculoskeletal Diseases and urge the Committee to incorporate the new Institute in Senate Bill 2311, the Biomedical Research Amendments of 1982.

We need greater emphasis on arthritis and musculoskeletal diseases; an estimated 37 million Americans suffer from these diseases and the associated costs total \$30 billion annually for medical care, disability payments, half of all workers compensation claims, lost wages and diminished tax revenues. It is estimated that \$1 billion is spent each year on unproven remedies and quackery. Less than 1% of the NIH budget is devoted to research in this area. These diseases are now buried among the patchwork of the nine other research activities of the NIADK - i.e. diabetes, nutrition, urology, etc.

Of particular concern to me is osteogenesis imperfecta and osteoporosis; OI occurs about once in every 15,000 live births, with an estimated 30,000 Americans currently affected. It is a critically disabling disease in which bones break easily often from no apparent cause. Osteoporosis causes over 1 million fractures in the United States each year.

The American Brittle Bone Society provides information and support for families with OI, promotes public and professional education about OI and encourages and funds research that will lead to improved treatment, carrier detection and eventually a cure for OI.

Therefore I urge the Committee to adopt legislation to form this new Institute. Thank you.

Sincerely,

*Roberta DeVito*

Roberta DeVito  
President  
American Brittle Bone Society

RD/em



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MEDICAL COLLEGE OF VIRGINIA  
VIRGINIA COMMONWEALTH UNIVERSITY  
MCV Station • Richmond, Virginia 23298

July 14, 1982

Senator Orrin Hatch  
Chairman, Committee on  
Labor and Human Resources  
United States Senate  
Washington, D. C. 20036

Dear Senator Hatch:

I am writing to express my strong support for the proposal to create a new Institute for Arthritis and Musculoskeletal Diseases within NIH. I have spent the last 16 years of my life in scientific research related to arthritis and am absolutely convinced of the need to separate arthritis out from the hodgepodge of diseases currently housed in the NIADDKD.

Traditionally, arthritis simply has not received what any reasonable person would consider to be a fair share of the funds budgeted to NIADDKD. I am quite personally aware of this in the sense that I have never even bothered to apply for a grant which would be likely to be funded by this Institute simply because the possibility of having it paid was so low. Even though my research is directly related to arthritis, it is virtually entirely supported from other sources, including other Institutes at NIH.

There is a great deal of room for improvement in funding of arthritis research and, in my opinion, there are great opportunities for developing new information about the very common diseases. Separation of arthritis and musculoskeletal diseases into a separate Institute will present the possibility of exploring these opportunities much more fully than they would be under the present arrangement.

I am well aware that the Administration, including the Director of the National Institutes of Health, opposes the creation of a separate Institute and in general, I, like many other scientists, have not been supportive of the "disease-a-month" approach to support of scientific research. In the particular case of arthritis, however, I feel strongly that the inequities which now prevail can only be redressed by creation of a new Institute.

Sincerely,

Shaun Ruddy, M. D.  
Professor of Medicine, Microbiology  
and Immunology;  
Chairman, Division of Immunology  
and Connective Tissue Diseases

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**AMERICAN RHEUMATISM ASSOCIATION**  
a section of the **ARTHRITIS FOUNDATION**

3400 PEACHTREE ROAD, N.E./SUITE 1237  
ATLANTA, GEORGIA 30328  
(404) 266-0798

**PRESIDENT**  
GERALD WEISSMANN, M.D.  
Division of Rheumatology  
New York University Medical Center  
550 First Avenue  
New York, New York 10016  
(212) 340-6403 or 561-6497

**EXECUTIVE SECRETARY**  
LYNN BONFIGLIO

**ASSISTANT EXECUTIVE SECRETARY**  
ANGEL FORTENBERRY

July 14, 1982

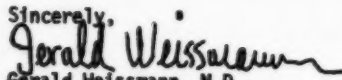
Senator Orrin Hatch (R. Utah)  
Chairman, Labor and Human Resources  
Committee  
United States Senate  
Washington, D.C.

Dear Senator Hatch:

I am writing on behalf of the American Rheumatism Association to express its complete support for the bill to create a National Institute for Arthritis and Musculoskeletal Diseases.

The American Rheumatism Association is a professional society of 3,500 physicians who are specialists in internal medicine, orthopedic surgery and other specialties relating to arthritis. We believe that the creation of this institute would best further the needs of research into the causes and treatment of arthritis and related diseases. Fundamental discoveries in genetics, immunology, cell biology and connective tissue, have now come to the point where a concerted attack can be made on the nation's number one crippling disease: arthritis. With the creation of this new institute, it will become possible to coordinate these types of research which heretofore have been only poorly funded by other institutes, so as to permit better use to be made of the talented investigators present in our universities, medical schools and research institutes. Judging from the record of contributions to basic science by arthritis investigators, we should expect that the funding of basic science will not be jeopardized by this categorical institute.

With research into causes, studies of prevention and epidemiology and, above all, research into better ways of treating patients with arthritis, we expect that the new institute will play a major role in raising the level of hope of our rapidly aging population.

Sincerely,  
  
Gerald Weissmann, M.D.  
President, American Rheumatism Association

GM/vs  
cc: F. McDuffie  
C. Clarke  
V. Lockhart  
J. Klinenberg  
M. Kelley  
E. C. LeRoy

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DEPARTMENT  
of  
ORTHOPEDICS and  
REHABILITATION



July 12, 1982

Wilton H. Bunch, M.D., Ph.D.  
Professor and Chairman

The Honorable Orrin G. Hatch, Chairman  
Committee on Labor and Human Resources  
Room 4230, Dirksen Senate Building  
Washington, D.C.

Dear Senator Hatch,

I am writing to request your support of Senate Bill 1939 to create a National Institute on Arthritis and Musculoskeletal Disease.

Musculoskeletal Disease is not as flashy as cancer and heart disease because it rarely kills. What it does however, is cripples, disables, and causes a large population of unemployed, dependent, and depressed individuals.

The patient with heart disease or cancer dies with a resultant potential loss to society. The patient with musculoskeletal disease lives, but in such a manner that society is not only deprived of his productive efforts, but is required to pay a high cost to maintain his existence.

There has been a modest amount of research in musculoskeletal diseases in the past. Some of it devoted to understanding basic disease processes, some of it to practical application in aiding patients, but this has been handicapped by the organizational structure, which places it in the national institute of "miscellaneous diseases." I recognize that in a period of contraction of government responsibilities, the creation of a new institute would seem a bit of a contradiction. However, the fact that such research has a direct pay-off in return of people to employment, makes it consistent with the goals and philosophies of the administration.

I would certainly appreciate your support of this important Bill.

Sincerely,

Wilton H. Bunch, M.D., Ph.D.  
Professor and Chairman

WHB:dmf

LOYOLA UNIVERSITY MEDICAL CENTER  
2160 South First Avenue, Maywood, Illinois 60153  
(312) 531-3280

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*Robert L. Orthopaedic*

**ORTHOPAEDIC SURGEONS, INC.**  
BONE AND JOINT SURGERY

W. A. HOYT, M.D.  
1987-1949

July 13, 1982

EDWIN L. MOLLIN, M.D.  
WALTER A. HOYT, JR., M.D.  
ZOUHAIR C. YASSINE, M.D.  
JOHN W. EWING, M.D.  
IVAN A. GRADISAR, JR., M.D.  
BARRY J. GREENBERG, M.D.  
ARNE MELBY II, M.D.

The Honorable Orrin G. Hatch, Chairman  
Committee on Labor and Human Resources  
Room 4230, Dirksen Senate Building  
Washington, DC

Dear Chairman Hatch,

As an Orthopaedic Surgeon, a Departmental Chairman in Orthopaedics, a Professor of Orthopaedics at Northeastern Ohio Universities College of Medicine and Director of a Musculoskeletal Research Laboratory, I write to strongly urge the favorable consideration of S. 1939 by your committee.

The high incidence of musculoskeletal problems including arthritis in the population of the people of the United States is a direct outgrowth of both lifestyle and longevity. Many of these problems are remedial and can be more efficiently dealt with through vigorous research.

A separate Institute will greatly enhance the potential of this research.

Very truly yours,

Walter A. Hoyt, Jr., M.D.  
Professor and Chairman  
Department of Orthopaedics

WAH/dc

cc

THE PROFESSIONAL CENTER / SUITE 102 / 75 ARCH ST. / AKRON, OHIO 44304 / 216-434-6111

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YALE UNIVERSITY  
 THE SCHOOL OF MEDICINE  
 SECTION OF ORTHOPAEDIC SURGERY  
 NEW HAVEN, CONNECTICUT 06510  
 TEL: (203) ~~455-XXXX~~ 785-2579



July 13, 1982

The Honorable Orrin G. Hatch  
 Chairman, Committee on Labor and Human Resources  
 Room 4230  
 Dirksen Senate Building  
 Washington, DC

Dear Senator Hatch:

I would like to support the passage of Senate Bill 1939 to create a separate National Institute on Arthritis and Musculoskeletal Diseases. As a Professor and Chairman of Orthopaedics in a major eastern university and a researcher who has been the grateful recipient of grants from both the National Institute of Child Health as well as the National Institute of Arthritis, Metabolism and Digestive Disease, I feel I have a reasonable awareness of the need for "a separate voice" at the institute level for the needs of the musculoskeletal system.

Musculoskeletal disease, whether we discuss it from the standpoint of arthritis or congenital deformities or other types of acquired deformities that occur during both childhood and adult years, probably represents one of the leading causes of disability, work loss, pain and suffering in the country. Unfortunately it does not have the attention-getting aspects of diseases such as heart attacks and cancer, rather we have an array of insidious diseases and deformities that take a very chronic toll on those who happen to be afflicted.

In my dealings with the NIH as an applicant, a grant recipient and a member of a special study section, it is becoming increasingly aware that the "arthritis" section of NIAHDD is seemingly treated as an afterthought to the other diseases covered by the Institute. I think much of this could be rectified by a separate institute which is directed at the overall aspects of diseases of the musculoskeletal system. This would allow the creation of an appropriate beurocracy that could speak for the scientific disciplines involved in the study of diseases of the musculoskeletal system and would not necessitate them competing with a large array of other diseases that have arbitrarily been placed under a single umbrella.

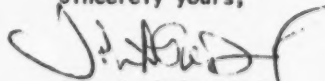
I strongly believe that the creation of a separate institute would allow the recruitment of people strongly interested from both an administrative as well as a scientific level in the programs and future direction of musculoskeletal disease. This type of directed leadership is absolutely essential in order to foster adequate granting programs and to select appropriate research ventures. It would also allow a better appreciation of the magnitude of musculoskeletal disease in our country's population.

Specifically, I am a pediatric orthopaedic surgeon, which may seem to be an unusual type of person to be writing to you about an Institute of Arthritis, an affliction primarily of the elderly. However, I have emphasized through my discussion that we need consider just not arthritis, but the overall topic of musculoskeletal disease as depicted in the new name which is that of a National Institute on Arthritis and Musculoskeletal Diseases. A large number of the lesions that affect the developing skeleton, many of which unfortunately inordinately predispose the affected individual to later arthritis, suffer from a sad lack of understanding of the basic disease process and cause. Much of the research that I am doing with the support of the NIH and that others are also doing through the largess of the NIH relate to efforts to look at the basic science of skeletal development and response to disease and injury. By a better appreciation of the basic science of orthopaedics, we can go a long way towards finding means of prevention that may lessen the overall burden on society as a whole for patients who develop the consequences of a disease that variably affects their opportunity to work and the quality of their life as they get older. Again, I think the creation of a separate institute with the appropriate leadership should have the insight to assess the merits of studies that look at the longterm consequences of these diseases as well as their basic underlying causes.

I think also the importance of musculoskeletal disease can be appreciated from another standpoint. The specialty that takes care of most of these patients, orthopaedics, for years has suffered an image problem. That image has been basically one of the ex-jock who finds a specialty wherein he can use raw force to cure disease. That image is ridiculous and certainly even if it had a hint of truth, it is changing dramatically. In the past five years at Yale I have now seen close to ten percent of the graduating class each year chose orthopaedics as a specialty. Furthermore, I find that we are attracting from that ten percent, the top two or three students in the class each year. This is happening at a medical school that classically has turned out a large number of internists and where the top people in the class have certainly gone into internal medicine rather than surgery or orthopaedics. These students are realizing the import of the specialty and represent a generation of potential young scientists who must be supported. They are the professors and healers of the future and I think they could certainly use and benefit from an institute at the NIH that specifically addresses their needs. Such investment in the future is essential if we are to solve some of the problems of basic knowledge of musculoskeletal disease.

I would be more than happy to appear before your committee at any time convenient to you. Alternatively I would be more than happy to speak to any of your aids or other committee members about my feelings and the contents of this letter and the need for a separate institute concerned specifically with arthritis and musculoskeletal disease.

Sincerely yours,



John A. Ogden, M.D.  
Professor and Chief  
Orthopaedic Surgery  
Director, Skeletal Development Study  
Unit

**FARLANE CENTER**  
William H. Farlane, M.D.  
Kathleen H. Farlane, M.D.  
Raymond E. Farlane, M.D.

**RECONSTRUCTION**  
Charles J. Rutherford, M.D.  
Edwin R. Guise, M.D.  
Henry H. Spang, M.D.

**PEDIATRICS**  
E. Dennis Lynn, M.D., Head  
Paul W. Hannon, M.D.  
Dale V. Heston, M.D.

**HAND SURGERY**  
Henry H. Spang, M.D.

## *Henry Ford Hospital*

2799 West Grand Boulevard  
Detroit, Michigan 48202  
(313) 876-2181

### DEPARTMENT OF ORTHOPAEDIC SURGERY Edwin R. Guise, M.D., Chairman

**ATHLETIC MEDICINE**  
Robert A. Torga, M.D., Director  
Joseph L. Chen, M.D.  
Edwin R. Guise, M.D.

**FOOT SURGERY**  
Earl E. Wa, M.D.

**WEST BLOOMFIELD CENTER**  
Harold Gelling, M.D.  
Dale V. Heston, M.D.  
Henry H. Spang, M.D.

**STERLING HEIGHTS**  
David C. Mitchell, M.D.

**TRAUMA**  
Joseph L. Chen, M.D.  
Earl E. Wa, M.D.  
William S. Miller, M.D.

**SCOLIOSIS SERVICE**  
Dale V. Heston, M.D.  
Paul W. Hannon, M.D.

July 12, 1982

The Honorable Orrin G. Hatch, Chairman  
Committee on Labor and Human Resources  
Room 4230, Dirksen Senate Office Building  
Washington, D.C. 20510

Dear Senator Hatch:

I am writing to ask your support in establishing a separate National Institute on Arthritis and Musculoskeletal Disease.

As chairman of a large department of orthopaedic surgeons in a major metropolitan area of the United States, I find that musculoskeletal diseases are increasing as is our ability to treat them.

Our population is aging and engaging in more and more physical activities which results in better physical condition of the aged.

We are seeing more disability from back disease, disease of overuse encountered in exercise programs and sports, and, to a major extent, persons living longer and thus suffering more acutely from the diseases of aging - mainly degenerative arthritis.

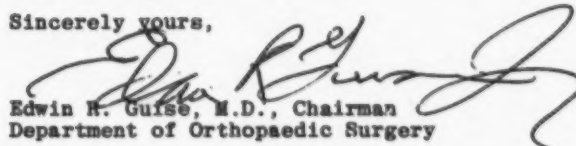
It is urgent that the American public be protected and that further research be done in the problems of aging and in the degeneration of the human body.

A major portion of disability is because of severe degenerative changes. Research is necessary in order to combat this and to help us take care of the population of the United States.

A small proportion of the national budget is now available for this treatment and research, and this is a disproportionate amount considering the severity of the problems.

I strongly urge that a separate Institute of Arthritis and Musculoskeletal Disease be established so that our citizens can live a more productive, happier, and more comfortable life.

Sincerely yours,



Edwin R. Guise, M.D., Chairman  
Department of Orthopaedic Surgery

ERG:eol

Best Available Copy



**THE UNIVERSITY OF CONNECTICUT  
HEALTH CENTER**

(203) 674-3367

DIVISION OF ORTHOPEDICS

July 14, 1982

The Honorable Orrin G. Hatch, Chairman  
Committee on Labor and Human Resources  
Room 4230, Dirksen Senate Building  
Washington, D.C.

Dear Senator Hatch:

Senate Bill 1939 (Goldwater & Cranston) to create a separate National Institute for Arthritis and Musculoskeletal Diseases will be coming before your committee for hearings scheduled to be held on July 21, 1982. It is my purpose to bring to your attention the frequency of physical impairment secondary to disorders of the musculoskeletal system including arthritis and rheumatism in our country. The study conducted by the Social Security Administration by Haber in 1966 concluded that disability related to arthritis and rheumatism in the working age population in our United States at an incidence of 79 per 1000 is significantly higher than the other medical categories including high blood pressure, heart trouble, hernia and diabetes. Disability from work for a period of 6 months or more for this group was 9.2 per 1000. Another study by Cooper and Rice in 1972 relating economic costs of illness noted that diseases of the musculoskeletal system accounted for an annual cost to a society 19.6 billion dollars as compared to 40 billion dollars for diseases of the circulatory system. Diseases of the digestive system accounted for 17.5 billion dollars and diseases of the respiratory system 16.5 billion dollars. It is apparent then, that the musculoskeletal disease including arthritis and rheumatism have a sizable impact on the quality of life and productive capability of individuals in the population between the ages of 18 and 65. Approximately 40 percent of patients presenting with complaints to the family physician have problems related to the musculoskeletal system with a notably high instance of degenerative arthritis and/or inflammatory arthritis processes. The musculoskeletal conditions are currently second in frequency as a cause for visits to physicians. Third in frequency of acute conditions and fifth in frequency for reasons of hospitalization.

Currently research having potential for serious impact on the prevention and treatment of musculoskeletal and arthritic disease in the United States is considerable lower in proportion than to the serious implications as presented above would seem to support. If the incidence of musculoskeletal disease injury is taken into appropriate perspective. Considerably more emphasis is needed to direct research funds to this disease category.

FARMINGTON, CONNECTICUT 06032

**Best Available Copy**

At the University of Connecticut, we are involved deeply in research concerning connective tissue and arthritis. Significant contributions have been made in the understanding of metabolic responses to bone and joint disease and to management of the inflammatory processes related to rheumatoid arthritis and system lupus arthromotosis. In addition we are doing prospective work in determining the effect of physical stress upon the articular structures which results from participation in vigorous sport activity. As physicians and scientists, we are confident that the work being carried out through research grant support will be significant in creating better understanding of disease and injury related to the musculoskeletal system and will be instrumental in decreasing the disabling effects of these devastating diseases.

We urge your committee's serious consideration of Senate Bill 1939 to create a separate National Institute for Arthritis and Musculoskeletal Diseases.

Sincerely yours,

  
Harry R. Gossling, M.D.  
Professor of Surgery  
Chairman, Division of  
Orthopedic Surgery

Naomi Rothfield, M.D.  
Professor of Medicine  
Chief, Division of  
Rheumatic Diseases  
Director, Multi-Purpose  
Arthritis Center at the  
University of Connecticut

HRG, NR:sg

**Best Available Copy**

# THE OREGON HEALTH SCIENCES UNIVERSITY

Department of Medicine  
Division of Immunology,  
Allergy and Rheumatology

3181 S.W. Sam Jackson Park Road Portland, Oregon 97201 (503) 225-8531

July 16, 1982

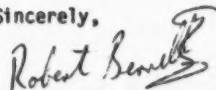
Senator Orrin Hatch  
Chairman, Committee on Labor and Human Resources  
Washington, D.C.

Dear Senator Hatch,

I write to you concerning the amendment to the NIH authorization bill which proposes to create a new institute for arthritis and musculoskeletal diseases.

As a clinician, I could tell you of the impact of arthritic disorders on the independence, aspirations and financial security on some 35,000,000 Americans. As a scientist involved in arthritis research, I could tell you of the young investigators who turn to other areas of research, because they fail to obtain funding for arthritic research projects which have been approved by their peers. But in these times of fiscal stringery and "hardened noses" I suspect such cries will fall on deaf ears. However, there is one inescapable fact which I would like you and your colleagues to bear in mind when deliberating on this issue: arthritis, despite popular misconceptions, is not just one disease, but many. There are over 100 different diseases in which arthritis is a major manifestation, furthermore, in many of these diseases the underlying disease process affects vital organs such as the kidneys, heart and brain. This is the tragedy for many of our patients. This is why research efforts have to be spread over a very broad base encompassing many disciplines. This is why it is now time for those in positions of responsibility and influence to be fully aware of the magnitude of this problem. I trust that you and your colleagues will make the right judgement in this matter.

Sincerely,



Robert M. Bennett, M.D.  
Professor of Medicine  
Chief, Section of Rheumatology

RMB/ck



Schools of Dentistry, Medicine and Nursing  
University Hospital, Doernbecher Memorial Hospital for Children, Crippled Children's Division, Dental Clinics

Best Available Copy

JEFFERSON MEDICAL COLLEGE  
of  
THOMAS JEFFERSON UNIVERSITY

Department of Medicine  
Division of Rheumatology



Philadelphia, 19107  
(215) 928-6942

July 15, 1982

Senator Orrin Hatch  
Chairman, Committee on Labor  
and Human Resources

Dear Senator Hatch:

I feel compelled at this time to express my strong support for the establishment of an Arthritis Institute which I believe is now under consideration. As a physician, teacher and scientist for well over twenty years, having had the opportunity to treat many patients with arthritis and related disorders, to teach about them to medical students, physicians and other health professionals and to have been engaged in research on various aspects of arthritis, I am convinced that now is the time to mount a major national effort against arthritis. As you know, arthritis is crippling our national economy as well as an ever increasing number of Americans. Research into arthritis supported by the federal government during the last 30 or so years has led to more effective treatment and more accurate diagnoses. These are the result of a far greater understanding of the biochemical and immunological factors involved. Nevertheless, we are still a long way from conquering arthritis. The results of our treatment intervention are very tantalizing. The fact that we are able to do more than simply relieve pain leads us to believe that we are on the right track. Inertia has been overcome. Now we need to gather momentum. But, we will need focussing and leadership. An Arthritis Institute can provide this. No matter what the cost may be to establish an Arthritis Institute, that cost will be negligible when compared to the cost of an opportunity to conquer arthritis that is lost.

Sincerely,

John L. Abruzzo, M.D.  
Professor of Medicine  
Director, Division of Rheumatology  
Director, Arthritis Center

JLA:ek

cc: Frederic C. McDuffie, M.D.  
Senior Vice President for  
Medical Affairs

Best Available Copy



The University of Texas  
Health Science Center at San Antonio  
7703 Floyd Curl Drive  
San Antonio, Texas 78284

Department of Medicine  
Division of Clinical Immunology

(512) 691-6341

July 16, 1982

Senator Orrin Hatch  
Chairman, Committee on Labor and Human Resources  
Senate Office Building  
Washington, D.C.

Dear Senator Hatch:

I am writing to support the proposal to create a new institute at the National Institutes of Health for arthritis and related diseases. I have worked in the field of arthritis research for over the past two decades and believe that now as never before we are on the verge of some major practical accomplishments. The establishment of a separate institute will focus attention and provide new leadership for a disease that affects 35 million Americans.

Having worked in the Arthritis Branch of the NIH in the 1960's, I know how important a separate institute can be for the overall research and patient care effort. A new institute at this time will enormously advance progress in this field.

I urge you to give this proposal very serious consideration.

Sincerely yours,

A handwritten signature in cursive script that reads "Norman Talal".

NORMAN TALAL, M.D.  
Professor of Medicine & Microbiology  
Head, Division of Clinical Immunology  
& Arthritis

cc: Dr. McDuffie

Best Available Copy



Mayo Clinic

Rochester, Minnesota 55905 Telephone 507 284-2511

Gene G. Hunder, M.D.  
Department of Internal Medicine  
Division of Rheumatology

July 15, 1982

Senator Orrin Hatch  
Chairman, Committee on Labor  
and Human Resources

Dear Senator Hatch:

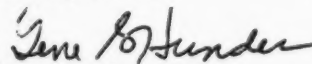
I am writing this letter to strongly support the establishment of a new institute in NIH for arthritis and musculoskeletal diseases. The field of rheumatology is very broad and information regarding the diseases under this category has increased exceedingly rapid. There are over 100 separate forms of arthritis which cause suffering and pain. Arthritis is a leading cause of disability in this country. Currently, arthritis research in NADDK receives only about 12% of the budget of the Institute in spite of the great magnitude of the problem.

Many of the arthritis diseases are chronic and disabling and cause severe pain and suffering but have not had the "dramatic" or emotional appeal as heart disease, cancer or others have had. Thus, the true importance and scope of the arthritis problem has not been recognized by the public.

There have been rapid advances in the knowledge regarding arthritis and the establishment of a separate Institute will promote continued progress in our understanding and treatment of these conditions. Although no cures or eradication obviously can be promised, changes for improved understanding and treatment appear relatively certain in the next years with proper support.

As an internist and rheumatologist who sees many patients with arthritis, I strongly again urge you on their behalf to push for the creation of this new Institute.

Sincerely yours,



Gene G. Hunder, M. D.

GGH/djp  
cc Frederic C. McDuffie, M. D.

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## Mayo Clinic

Rochester, Minnesota 55905 Telephone 507 284-2511

Edward D. Henderson, M.D.  
Orthopedic Surgery

July 15, 1982

The Honorable Orrin G. Hatch, Chairman  
Committee on Labor and Human Resources  
Room 4230, Dirksen Senate Building  
Washington, D.C. 20510

Dear Senator Hatch:

I am writing this letter to request that you consider favorably S.1939. This bill, as you know, will create a separate institute for musculoskeletal disease in the National Institutes of Health. This is an extremely important move, which I support strongly because the musculoskeletal disease, including arthritis, is at the present time not given sufficient public acknowledgement and emphasis in the National Institutes of Health.

We need to have a separate institute to consider fairly the request for aid for financial support of research projects dealing with bones and joints, and arthritis in general. These projects frequently are more oriented to the practical aspects of disease and not so many are basic research. Since arthritis is such a very common condition and since the recent advances, particularly in orthopaedic surgery, allow us to be of great service to people in controlling pain and improving their ability to function, it is even more important in the past few years that musculoskeletal disease research receive a fair treatment, which is not diluted by a number of other conditions in the same institute.

Sincerely,



E. D. Henderson, M. D.  
Chairman  
Department of Orthopedics

EDH:mh

Best Available Copy

## Mayo Clinic

Rochester, Minnesota 55905 Telephone 507 284-2511

George L. Allen, M.D.  
Department of Internal Medicine  
Division of Rheumatology

July 14, 1982

The Honorable Orrin G. Hatch, Chairman  
Committee on Labor and Human Resources  
Room 4230, Dirksen Senate Building  
Washington, D.C. 20036

Dear Senator Hatch:

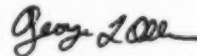
I am writing to you to let you know of my feelings and to ask you to support Senate Bill 1939. Arthritis is continuing to be a major health problem among our citizens and despite the commonness of this disease, the fight against arthritis has not gone well.

I would urge you to support the establishment of a separate institute on arthritis and musculoskeletal diseases. As a practicing arthritis specialist, I am aware of a number of the problems presented by arthritic patients and the need for greater control of these diseases. I daily treat patients with these crippling disorders who live with constant pain. Although marvelous advances have been made in surgery and therapeutics in the last few years, it still falls short of the needs which many of these patients have.

In restoring them to health and allowing them to lead a more normal existence, we will be restoring self-esteem, normalcy of their contacts with others and also their tax paying status.

Anyone who has a family member afflicted by arthritis and other musculoskeletal type diseases knows well the problems these people have. Research into their understanding and control needs to be more vigorous and organized than in the past. I would appreciate your support in the creation of a separate national institute on arthritis and musculoskeletal diseases as contained in Senate Bill 1939.

Sincerely yours,



George L. Allen, M.D.

GLA:lm

Best Available Copy

## Mayo Clinic

Rochester, Minnesota 55905 Telephone 507 284-2511

Richard S. Bryan, M.D.  
Orthopedic Surgery  
Adult Reconstruction  
Surgery of the Hand

July 15, 1982

The Honorable Orrin G. Hatch, Chairman  
Committee on Labor and Human Resources  
Room 4230  
Dirksen Senate Building  
Washington, D. C.

Dear Senator Hatch:

In my position with the Mayo Clinic I operate and see patients daily with rheumatoid arthritis, osteoarthritis, and posttraumatic arthritis, all of which are diseases that affect our working population as well as our geriatric population. These are disease which lend themselves in some instances to amelioration by medications and surgery. They are diseases that rob this country and rob our citizenry of the free use of their knowledge and skills in a manner that is not as dramatic but has more impact on our national product than the more dramatic cancer and metabolic diseases.

We very definitely, in my opinion, need to expend more interest and more money in the field of research in these diseases, both in the development of treatment approaches and, more important, in the basic understanding of these diseases so that we may prevent their development. To watch, as I do daily, the deterioration of a rheumatoid patient from one total joint to two, to three, to four, to five, with destruction of joints that we cannot replace, from ambulatory to bedfast, is extremely depressing.

I do not believe that emphasis will be placed upon research in arthritis until this becomes a separate institute, and this is based upon a long exposure to the National Institute of Health and to research in this facility. I think it is understandable that loyalty cannot be divided. I would urge you to support a separate institute of arthritis and musculoskeletal diseases.

Sincerely,

*R. S. Bryan*  
R. S. Bryan, M. D.

reb/pma

Best Available Copy

## Mayo Clinic

Rochester, Minnesota 55905 Telephone 507 284-2511

Kenneth A. Johnson, M.D.  
Orthopedic Surgery  
Surgery of the Foot and Ankle  
Adult Reconstruction

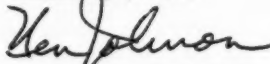
July 14, 1982

The Honorable Orrin G. Hatch, Chairman  
Committee on Labor and Human Resources  
Room 4230, Dirksen Senate Building  
Washington, D.C.

Dear Senator Hatch:

This letter is in support of the Senate bill 1939 which is intended to create a separate National Institute on Arthritis and Musculoskeletal Diseases. As an orthopedic surgeon, I am acutely aware of the necessity for a unified approach to the multitude of problems which affect the musculoskeletal system. Being able to logically pursue a research investigation of such significant ailments as rheumatoid arthritis, stroke victims, bone cancer and other unfortunately common orthopedic abnormalities would be invaluable. I would encourage your support of this bill which I believe has the potential to unify and clarify a heretofore murky situation. Your considerations would be very much appreciated.

Sincerely yours,



K. A. Johnson, M.D.

KAJ:mkf

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## Mayo Clinic

Rochester, Minnesota 55905 Telephone 507 284-2511

Lowell F. A. Peterson, M.D.  
Orthopedic Surgery  
Adult Reconstruction

July 14, 1982

The Honorable Orrin G. Hatch, Chairman  
Committee on Labor and Human Resources  
Room 4230, Dirksen Senate Building  
Washington, D.C.

Dear Senator Hatch:

I am writing to you in support of Senate Bill 1939 which would support the creation of a National Institute on Arthritis and Musculoskeletal Diseases within the National Institutes of Health.

Research in the areas of musculoskeletal diseases and the results of trauma and occupational diseases regarding the musculoskeletal system are most important to the overall national productivity of the United States. My particular area of concern is of the spine and the major joints, particularly of the lower extremity and upper extremity.

The effects of work injuries and long-term results following such injuries in the industrial environment create untold loss of man hours and difficulties in return of the patient to work. Research in the areas of biomechanics, musculoskeletal physiology, and physical medicine and rehabilitation will enable physicians caring for these individuals to provide much more specific treatment directed at staged and more rapid return to productive activity.

Rheumatoid arthritis afflicts a large segment of our population as well both in the work force and at home and in the community. Continuing intense research in the area to ascertain the etiologic agent will be most helpful. In the meantime, it has been through the development of such devices as total joint replacement that untold relief and return to the working force has been accomplished for large numbers of patients afflicted with the disease to the point of severe disability.

It can be hoped that by the creation of the National Institute on Arthritis and Musculoskeletal Diseases that funding and administration can be more readily focused on these most urgent needs of our country. I am an orthopedic surgeon practicing on the staff at the Mayo Clinic in Rochester, Minnesota.

Sincerely,



L. F. A. Peterson, M.D.

LFAP:mp

cc: Senator Rudy Boschwitz  
Senator David Durenberger

Best Available Copy

**The University of Iowa**

Iowa City, Iowa 52242

The University of Iowa Hospitals and Clinics  
Department of Orthopaedic Surgery

(319) 356-3470

If no answer, 356-1818

July 13, 1982



1847

The Honorable Orrin G. Hatch  
Chairman  
Committee on Labor and Human Resources  
Room 4230, Dirksen Senate Building  
Washington, D.C.

Dear Senator Hatch:

I had the opportunity to meet you at our Academy Meeting when you were a guest and I have had the opportunity to talk at length to Dr. Sherman Coleman about his high regard for you as their Senator from Utah.

I write to you at this time to urge your support for the Senate Bill which would create a new National Institute for Arthritis and Musculoskeletal Diseases.

I am sure that you have been reminded many times in the past about the number of people afflicted with arthritis and musculoskeletal disease and the major social, economic, and personal impact that these disorders have. I will, therefore, not detail them again. I will say, however, that as a practicing orthopaedic surgeon and as Chairman of the Department of Orthopaedic Surgery that I deal daily with the ravages of these most crippling disorders and am fully convinced that we need much more research to find their causes, to be able to control them, and to provide more effective and efficient methods of treatment to our patients. I believe that such programs would definitely be more likely to occur if there could be a separate Institute for Arthritis and Musculoskeletal Diseases. As you know, this research now is primarily funded from the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases. This is an Institute with diverse interests and somewhat unrelated categorical diseases and disorders. If the arthritis and metabolic diseases could be removed from this large and diverse Institute, I believe that they would then, and only then, receive the attention they deserve.

On behalf of the citizens of our country afflicted with these disorders, I hope that you will do all that you possibly can to create this new Institute.

Thank you kindly.

Respectfully yours,

*Reginald R. Cooper*  
Reginald R. Cooper, M.D.

**Best Available Copy**



**West Virginia  
University**

Department of Orthopedic Surgery

WVU Medical Center  
Morgantown, West Virginia  
26506  
(304) 293-3908

July 14, 1982

ERIC L. RADIN, M.D.  
Professor & Chairman

JUSTUS C. PICKETT, M.D.  
Professor Emeritus

RUDOLF K. LEMPERG, M.D., PH.D.  
Professor

ERIC T. JONES, M.D., PH.D.  
Associate Professor

J. DAVID BLAHA, M.D.  
Assistant Professor

DAVID A. LABOSKY, M.D.  
Assistant Professor

LABORATORY:

R. BRUCE MARTIN, PH.D.  
Associate Professor & Director

DAVID BURR, PH.D.  
Assistant Professor

The Honorable Orrin G. Hatch  
Chairman, Committee on Labor and  
Human Resources  
Room 4230, Dirksen Senate Building  
Washington, DC 20036

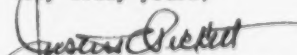
Dear Senator Hatch:

As a greater and greater percentage of Americans become older, the porportion of those whose quality of life will be significantly compromised by disease of the musculoskeletal system due to aging will increase dramatically. It also happens that the percentage of older individuals is probably as high or higher in West Virginia than most other states so we are very much aware of this problem. There is significant research support probably still available to study the major "killer diseases" of Americans including cancer and heart disease but, conditions such as osetoarthritis which is a form of degenerative joint disease and osteoporosis which is the thinning of the bone leading to multiple fractures and so forth have been lost in the areas of studies that contain so very many catagories. As governmental health and education dollars become available, it is important that they be used economically and with greatest emphasis on subjects such as this to aid in biomedical research.

Not only is this important for our ageing population, as it involves the musculoskeletal system but it is important for younger individuals as many develop changes in their joints due to various traumatic and other disease conditions and special efforts to provide sufficient research regarding these is important for the future attempt to decrease the large numbers of disabled persons in this country. Many of these individuals even when they do find work, are injured more easily than individuals who are not so effected and it becomes very important to develop procedures, guidelines and possible treatment to decrease their problems as much as possible.

To accomplish this fact, it is very important that a group of individuals not only including medical but engineering and physiologists as well as connective tissue biochemists are able to collaborate freely and with intensity to accomplish these in the most efficient manner possible. If all of this could be located under one specific area, it would certainly be of great benefit to all the Americans who have this type of involvement.

Very truly yours,

  
Justus C. Pickett, M.D.  
Professor Emeritus

Best Available Copy

PRACTICE LIMITED TO  
ORTHOPAEDIC SURGERY

TELEPHONE  
(815) 543-6839

CURTIS M. HANSON, M.D.  
SUITE 1  
1324 SOUTH PARK  
KALAMAZOO, MICHIGAN 49001

July 12, 1982

The Honorable Orrin G. Hatch, Chairman  
Committee on Labor and Human Resources  
Room 4230, Dirksen Senate Building  
Washington, D. C.

Dear Senator Hatch:

Re: Senate Bill 1939 (Goldwater and Cranston)

I would like to request your favorable action on this bill to create a separate National Institute on Arthritis and Musculoskeletal Diseases. I am sure you are aware of the statistics that pertain to the tremendous number of people who are affected by arthritis and diseases of the musculoskeletal system, numbering some 32,000,000 Americans, including a quarter of a million children. While I do not mean to "downplay" diabetes and digestive and kidney diseases, I do think the tremendous number of cases of arthritis would strongly justify the creation of a separate committee to put this disabling condition in proper perspective.

While the arthritic person is not particularly in danger of losing his or her life, never-the-less a lifetime of this disabling and painful condition throughout a normal life span affects a far greater number of people than do the conditions of diabetes, kidney disease and intestinal diseases.

Without further verbiage, I would again request that you strongly support the creation of a separate National Institute on Arthritis and Musculoskeletal Disease.

Very sincerely,



Curtis M. Hanson, M. D.  
CMH/slw

Best Available Copy



THE UNIVERSITY OF NORTH CAROLINA  
AT  
CHAPEL HILL

School of Medicine  
Division of Orthopaedics

The University of North Carolina at Chapel Hill  
Burnett-Womack Clinical Sciences Bldg. 229 H  
Chapel Hill, N.C. 27514

F.C. Wilson, M.D.  
H.R. Brashear, M.D.  
R.V. Talmage, Ph.D.  
T.N. Taft, M.D.  
W.R. Greene, M.D.  
P.H. Wright, M.D.  
S.A. Grubb, M.D.  
C.J. VanderWiel, Ph.D.  
D.A. O'Neill, M.D.  
B.J. Campbell, M.D.  
J.D. Ferguson, C.P.O.

July 13, 1982

The Honorable Orring Hatch, Chairman  
Committee on Labor and Human Resources  
Room 4230, Dirksen Senate Building  
Washington, D.C.

Dear Senator Hatch:

I am writing as an Orthopaedist who is, on the one hand, very aware of the magnitude of the health problem created by arthritis and other musculoskeletal diseases, and, at the same time, aware of the almost unbelievable neglect of this vast group of disorders shown in recent years by NIH funding patterns. Repeatedly, we have seen more substantial awards made to areas of research - diabetes and kidney disease, for example - that are less visible and have a smaller impact on the quality of American life. Arthritis alone is the second leading cause of limited activity; and every American over the age of fifty suffers from osteoporosis (loss of bone substance), which predisposes him to the fractures of the hip, spine, and wrist that are so common in this age group.

In their aggregate, musculoskeletal diseases, including arthritis, rank second in their overall economic impact among diseases and disorders affecting the citizens of this nation.

Our failure to recognize the importance of this group of disorders, and correspondingly, to fund appropriate research in this domain, is largely due to the fact that this group of disorders lacks visibility in the framework of the National Institutes of Health. Considering that with an aging population musculoskeletal problems may be expected to increase even further, it is essential that greater attention be brought to these health problems.

After years of trying to work through the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases, I am convinced that the diversity and breadth of this Institute precludes an adequate and appropriate focus on musculoskeletal diseases and arthritis.

Appointments  
(919) 966-1488  
(Private)  
966-3003  
(Staff)  
Administrative Offices  
(919) 966-3359  
966-2030  
966-2039  
Research Laboratories  
(919) 966-1211  
966-1212  
Prosthetics-Orthotics  
(919) 966-4630

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In order to meet pressing current and future needs for these chronically disabled patients, a new institute, which gives these programs more visibility and more focus - and hopefully better funding - is absolutely essential. Such a recommendation has been made by the National Committee on Arthritis, who recognized the incongruity of including, under one organizational umbrella, such basically unrelated diseases as arthritis and bone disease, diabetes, digestive diseases, kidney diseases, skin disorders, nutritional and metabolic defects, blood diseases, and glandular disorders.

A separate institute focusing on bone and joint disorders would target the biomedical focus on this group of conditions and might be expected to generate more readily essential financial support appropriate to the magnitude of the problems.

I hope you will strongly consider and support the establishment of a separate National Institute for Arthritis and Musculoskeletal Diseases.

Thank you for your consideration of this timely and important matter.

Yours very truly,

*Frank C. Wilson*

Frank C. Wilson, M.D.

FCW:is

Best Available Copy

**ROBERT W. METCALF, M.D.**

A Professional Corporation  
339 East 3000 South  
Salt Lake City, Utah 84107

Arthroscopic Knee Surgery

Phone (801) 268-2272

July 13, 1982

The Honorable Orrin G. Hatch, Chairman  
Committee on Labor and Human Resources  
Room 4230, Dirksen Senate Building  
Washington, D.C.

Dear Senator Hatch:

I am writing to urge you to act favorably on the bill of Senator Goldwater (Senate Bill 1939) proposing a National Institute on Arthritis and Musculoskeletal Diseases.

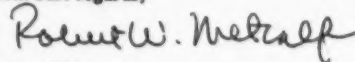
Six years ago, I contracted rheumatoid arthritis and in spite of extensive treatment, the disease has slowly progressed and now limits my ability to practice orthopedic surgery.

Because of my own personal experience with this disease, I have gained an understanding of the suffering and disability that arthritis and related problems cause to the people of the United States. Any effort to consolidate and coordinate research aimed at finding a cure for rheumatoid arthritis ought to have a high priority. My understanding of the proposal by Senator Goldwater is that this type of separation within the National Institute of Health complex would greatly aid in giving research its proper emphasis.

Right now, research in arthritis seems to have a very low priority and I believe this proposed institute would help correct this inequity.

I am one of your loyal supporters here in Salt Lake City and appreciate very much the thoughtful and conservative way in which you represent our state and also the concerns of physicians everywhere.

With best regards,



Robert W. Metcalf, M.D.

RWM:pr

Best Available Copy



CHARLOTTE ORTHOPAEDIC CLINIC, P.A.

JOHN A. POWERS, M.D.  
JOHN H. CAUGHRAN, M.D.  
DONALD S. KELLAM, JR., M.D.  
PHILIP J. BACH, M.D.  
WILLIAM G. MOOREFIELD, JR., M.D.  
THOMAS H. BUTER, M.D.

ROBERT F. HENDERSON, III  
CLINIC MANAGER

IN REPLYING PLEASE REFER  
TO OUR CASE NO.

July 14, 1982

The Honorable Orrin G. Hatch  
Chairman, Committee on Labor and Human Resources  
Room 4230, Dirksen Senate Building  
Washington, D. C.

Dear Senator Hatch:

I am John A. Powers, Chairman of the Department of Orthopaedic Surgery at the Charlotte Memorial Hospital and Medical Center. In addition to being in the private practice of orthopaedic surgery, I am in charge of the Residency Training Program for our institution. We have twelve residents and two interns engaged in advanced study in orthopaedic surgery. This encompasses, as an integral part of their training, the teaching of the arthritides and their many ramifications. I would like to support S. 1939, the bill to create a National Institute on Arthritis and Musculoskeletal Diseases. As you well know, arthritis, and its ramifications, is the leading cause of time out of work in the United States and in almost all developed countries today.

In this tight budget time, I am reluctant to ask for any more funding but I do feel that emphasis on the arthritides, by the creation of a separate institute, will help tremendously in guiding those involved in research and education into the proper channels. As Americans live longer and longer, more and more of them will be affected by forms of the arthritides, either rheumatoid or osteoarthritis, and they will need more direction in research diagnosis and treatment.

Our institution is involved in an ongoing study trying to find a cure for osteoporosis which will cost the American Health System one billion dollars a year just in hip fractures in the elderly alone, and to keep this musculoskeletal problem away from diabetes, digestive and kidney diseases seems only logical.

I would appreciate your favorable response to the creation of this separate Institute.

Sincerely,

*John A. Powers*  
John A. Powers, M. D.

JAP/bl

120 PROVIDENCE ROAD • CHARLOTTE, NORTH CAROLINA 28207 • TELEPHONE 704-377-0351

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PEACHTREE ORTHOPAEDIC CLINIC, P.A.

F. JAMES FUNK, JR. M.D.  
ROBERT E. WELLS, M.D.  
JOSEPH H. DIMON, B. M.D.  
JEFFREY T. NUGENT, M.D.  
CARL D. FACKLER, M.D.  
JOHN C. GARRETT, M.D.  
LENA Y. HUNTER, M.D.

Administration  
BONNIE W. THOMAS

July 13, 1982

The Honorable Orrin G. Hatch, Chairman  
Committee on Labor and Human Resources  
Room 4230, Dirksen Senate Building  
Washington, D.C.

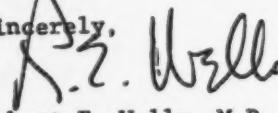
Dear Senator Hatch:

The Bill introduced by Senators Goldwater and Cranston, S.1939, has been joined in sponsorship by a significant proportion of the Senate. I believe in excess of twenty-five. I am an orthopaedic surgeon, engaged in this specialty practice along with six associates in Atlanta. The impact of S.1939 will, in my view, be most beneficial to our patients. The support of research in the fields of musculoskeletal disease, including arthritis is essential. The greater visibility given to this needed research effort through a separate institute will serve to focus the intensity of the monies provided in a much more meaningful fashion.

The crippling handicaps of arthritis and other musculoskeletal diseases represent a major expenditure. These diseases affect every age segment of the population. Every day, in my office, I see individuals who have lost their ability to be productive members of society either temporarily or permanently because of arthritis and other related diseases.

I would encourage you most strongly to lead the Committee on Labor and Human Resources to produce a favorable recommendation for the adoption of Senate Bill 1939.

Sincerely,



Robert E. Wells, M.D.

REW:fr

105 Collier Road, N.W. • Suite 5000 • Atlanta, Georgia 30367 • (404) 355-0743

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ORTHOPAEDIC  
SURGERY

PHONE 864-5891

R. F. KUHLMANN, M. D.  
80 BOLINGBROOK AVENUE  
BURLINGTON, VERMONT 05401

July 12, 1982

The Honorable Orrin G. Hatch, Chairman  
Committee on Labor and Human Resources  
Room 4230, Dirksen Senate Building  
Washington, D.C.

Dear Senator Hatch:

As a solo practitioner of orthopaedic surgery for thirty-three years, I wish to express my individual strong support of Senate Bill 1939 (Goldwater & Cranston).

This bill to create a separate National Institute on Arthritis and Musculoskeletal Diseases is tremendously important to achieve the necessary research and effective treatment of inflammatory, developmental, and progressive diseases of the bone, as well as dealing with the wide-spread conditions affecting the supporting tissues, namely; conditions affecting the muscles, ligaments, and tendons of the body.

There are many areas of unanswered questions in dealing with problems of the musculoskeletal system which can only properly be identified and approached through a unified organization such as a National Institute on Arthritis and Musculoskeletal Diseases.

This area should be separated from the multi-factorial institute as the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases.

Please consider favorably Senate Bill 1939.

Sincerely,

*Raymond F. Kuhlmann M.D.*  
R. F. Kuhlmann, M.D.

RFK/EC

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## ORTHOPEDIC AND ARTHRITIS CENTER

McBRIDE CLINIC, INC.

R.D. BOX 80308 1111 N. DEWEY AVE.  
 OKLAHOMA CITY, OKLAHOMA 73148  
 (405) 232-0341

July 14, 1982

Department of Orthopedics  
 MARVIN K. MARGO M.D. F.A.C.S.  
 JAMES R. BILL M.D. F.A.C.S.  
 STEPHEN TRACH M.D. F.A.C.S.  
 JOSEPH F. MESSENGER M.D. F.A.C.S.  
 J. PATRICK EVANS M.D. F.A.C.S.  
 EDWIN E. RICE M.D. F.A.C.S.  
 WARREN G. LOW M.D.  
 THOMAS C. HOWARD M.D.

Department of Pathology  
 MEDICAL ARTS LABORATORY  
 CONSULTANTS

Department of Occupational  
 and Industrial Medicine  
 ROBERT R. DUGAN M.D.  
 JACK W. FARRISH M.D.

Department of Anesthesiology  
 JOHN A. BLASCHKE M.D.  
 RICHARD J. HESS M.D. F.A.C.P.  
 MARY DUFFY HONICK M.D.  
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 R. EUGENE ARTHUR M.D.

Administration  
 JAMES E. HYDE C.F.A.  
 RON WOLF C.F.A.  
 RAY WETMORE  
 ROBERT J. FARRISON

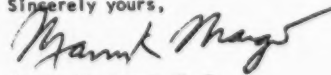
The Honorable Orrin G. Hatch, Chairman  
 Committee on Labor and Human Resources  
 Room 4230, Dirksen Senate Building  
 Washington, D. C.

Dear Senator Hatch:

I am writing to encourage you to favorable vote for SB 1939.

The present conglomerate under the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases does not give adequate attention to Arthritis and Musculoskeletal Disease. With the large number of people in America having some form of arthritis and/or musculoskeletal disease, more attention needs to be directed in that area. Arthritis is a very disabling and deforming disease that requires more research than it is now getting. I think a yes vote on this Bill would help to relieve a burden on the present Institute, and would allow more specific involvement by a separate Institute.

Sincerely yours,



Marvin K. Margo, M. D.

MMK:jb

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E. W. JOHNSON, JR. M.D.  
1001 PLUMMER CIRCLE  
ROCHESTER, MINNESOTA 55901

July 15, 1982

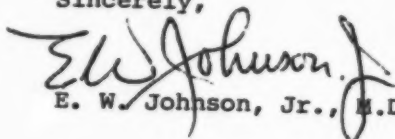
The Honorable Orrin G. Hatch, Chairman  
Committee on Labor and Human Resources  
Room 4230, Dirksen Senate Building  
Washington, DC 20510

Dear Senator Hatch:

A study financed at least in part by the American Academy of Orthopaedic Surgeons would indicate that one in ten Americans have a musculoskeletal defect. These defects can vary in severity anywhere from the production of total disability to only limited impairment of occupational activity. It is also true from a study of these musculoskeletal impairments that a concentrated program directed toward their correction would be rewarding to a substantial number of people. Of course, without such a program or the concept of a program, no specific estimate as to its effectiveness could be made. It can, of course, be said that a lot of these people could be helped to the benefit of the production force of the United States.

Because of the above, I urge you to support a bill to create a separate national institute on arthritis and musculoskeletal diseases. It is true that a number of these things fall under the jurisdiction of other institutes. I do believe, however, that a specific and separate institute directed to this end would be most rewarding. I urge you to support it.

Sincerely,

  
E. W. Johnson, Jr., M.D.

EWJ:bac  
Dictated 7-15-82

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**EVANS AND REILEY CLINIC, P.A.**

FREDERICK G. ROSENDAHL, M.D.  
 RICHARD H. JONES, M.D.

ORTHOPAEDIC SURGERY  
 2545 CHICAGO AVENUE SOUTH  
 MINNEAPOLIS, MINNESOTA 55404  
 TEL. 871-2704

FRANCIS J. TROST, M.D.  
 DONALD B. MILLER, JR., M.D.

July 13, 1982

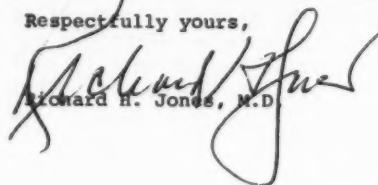
Honorable Oren G. Hatch  
 Chairman, Committee of Labor and Human Resources  
 United States Senate  
 4230 Dirksen Senate Building  
 Washington D.C. 20013

Dear Sir:

I am writing this letter in support of a Senate Bill - 1939 introduced and sponsored by the Honorable Barry Goldwater which concerns the creation of a national institute for arthritis and musculoskeletal disease which would function within the National Institute of Health as a single entity and not a part of a combined institute with other medical disciplines. Anticipating the future needs of our citizens, the creation of such an isolated institute is and will become imperative as we project our future. Our citizens are exposed to increasing stresses and strains as they apply to the musculoskeletal system and our life expectancy is increasing as well. This expansion of physical activity with increasing life expectancy increases the exposure of our citizens to infirmities and disabilities of the musculoskeletal system which includes the arthrities. In order to improve and advance our knowledge and technology concerning the musculoskeletal system, it is necessary that a specialized institute be created to guide the medical profession so that research and development will be coordinated to improve the ability of our profession to cope with this expanding problem.

In summary, this letter then is written in support of the Honorable Barry Goldwater's Senate Bill - 1939 in the hope that such an institute can be created soon in support of the House Bill HR#5006, which apparently has been approved in committee.

Respectfully yours,



Richard H. Jones, M.D.

RHJ/vmd

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**ENGELHARD****MINERALS & CHEMICALS DIVISION**

MENLO PARK, CN 28 • EDISON, NEW JERSEY 08818 • (201) 321-5000

Alan C. Dyar  
Sales Manager  
Sorbents & Chemicals

July 15, 1982

Mr. Orrin G. Hatch, Chairman  
Senate Labor & Human Resources Committee  
125 Russell Building  
Washington, DC 20510

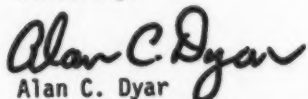
Dear Senator Hatch:

I am following with great interest and anticipation the developments of Senate Bill 2311. I believe the National Institute on Arthritis and Musculoskeletal Diseases will provide an irreplaceable service to this segment of the population afflicted. I feel this new Institute should be incorporated in Bill 2311, the Biomedical Research Amendment of 1982.

We need greater emphasis on arthritis and musculoskeletal diseases. The most important phase of this emphasis is a focus on O.I. and osteoporosis. Less than 1% of the NIH budget is devoted to research in this area. Related work on these diseases is buried in other research activities of NIADDK and the correlation to effect on O.I. and osteoporosis is at best, poor. The work on diabetes, nutrition, urology, and others could have some positive impact in solving the problems of musculoskeletal diseases; however, without the emphasis that could be focused by this new Institute, results will continue to be fragmentary, at best, with no organized direction.

I urge the Committee to adopt legislation to form this new Institute.

Sincerely,

Alan C. Dyar  
Regional Director  
American Brittle Bone Society

ACD/ljs

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"Where People Serve People"

## The Berg Agency

### EXECUTIVE OFFICE

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July 14, 1982

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(201) 494-7700
- ☐ Middletown, N.J. 07748  
1670 Highway 35  
(201) 671-1000
- ☐ Parlin, N.J. 06389  
32 Sayrewood Shop Center  
(201) 721-1700
- ☐ Parsippany, N.J. 07054  
350 Route 48  
(201) 578-1122
- ☐ Toms River, N.J. 08753  
93 Route 27, East  
(201) 344-6200
- ☐ Union, N.J. 07083  
1887 Morris Avenue  
(201) 688-3700

Senator Orrin G. Hatch, Chairman  
Senate Labor and Human Resources Committee  
125 Russell Building  
Washington, D.C. 20510

Dear Senator Hatch:

We strongly urge you to support the formation of a National Institute on Arthritis and Musculoskeletal Disease and encourage your influence to incorporate the new Institute in Senate Bill 2311, The Biomedical Research Amendments of 1982.

We believe that the NIADDK must apply more attention to Arthritis and Musculoskeletal Diseases. At present Osteogenesis Imperfecta and Osteoporosis, which although combined represent between ten and fifteen million persons in the United States, receives less than 1% of the NIH budget for researching this area. Because of the many diverse group of interests being researched at NIADDK, these diseases are now being lost in the shuffle.

The time to correct this inequity is now. It is up to you and your committee. We urge you to adopt legislation to form this new Institute. Thank you.

*Gene Mulroy*  
Gene Mulroy  
Independent Council  
American Brittle Bone Society

Sincerely,  
*Margaret Mulroy*  
Margaret Mulroy  
Regional Director and  
Member, Board of Trustees  
American Brittle Bone Society, Inc.

Berg Enterprises, Inc., an American Stock Exchange Co., with offices in Arizona, California, Florida, Nevada, New Jersey, New York

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Barbara M. Diem  
Regional Director  
American Brittle Bone Society  
9 Vernon Street  
Parlin, New Jersey 08859  
July 13, 1982

Senator Orrin G. Hatch, Chairman  
Senate Labor and Human Resources Committee  
125 Russell Building  
Washington, D.C. 20510

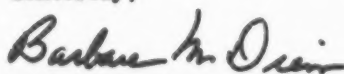
Dear Senator Hatch:

As a Regional Director for the American Brittle Bone Society, I strongly urge you to support the formation of a National Institute on Arthritis and Musculoskeletal Diseases and encourage your influence to incorporate the new Institute in Senate Bill 2311, The Biomedical Research Amendments of 1982.

I believe that it is becoming quite evident that the NIADDK needs to apply greater emphasis to Arthritis and Musculoskeletal Diseases. Of particular concern to me and the segment of the population which I represent is Osteogenesis Imperfecta and Osteoporosis, which although combined represent between ten and fifteen million persons in the United States, receives less than 1% of the NIH budget for researching this area. These diseases are now hidden amongst the nine other research activities of the NIADDK, a very diverse group of interests at that.

Arthritis and Musculoskeletal Diseases account for a great amount of lost earnings and lost productivity, permanent disability and payments for disability compensation, deformity, pain and even death. These diseases have too long been shuffled around and ignored. The time to correct this injustice is now. I thank you and your Committee for your concern and interest and urge you to adopt legislation to form this new Institute.

Sincerely,



Barbara M. Diem  
Regional Director  
American Brittle Bone Society

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## ***Harbison Appliance Sales & Service, Inc.***

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July 13, 1982

Senator Orrin G. Hatch, Chairman  
Senate Labor and Human Resources Committee  
125 Russell Building  
Washington, D. C. 20510

Dear Senator Hatch:

I am the parent of a child with Osteogenesis Imperfecta, a musculoskeletal disease. Support is needed for a national Institute on Arthritis and Musculoskeletal Diseases. I urge Committee to incorporate a new Institute in Senate Bill 2311, the Biomedical Research Amendment of 1982.

Senator Hatch, I express to you the importance of new greater emphasis on Arthritis and Musculoskeletal Diseases of particular concern is Osteogenesis Imperfecta and Osteoporosis. Less than one percent of the NIH Budget is devoted to research in this area. These diseases are buried among nine other research activities of NIADOK.

Once again, may I kindly urge your support and that of Committee to adopt legislation to form this new Institute.

Thank you.

Sincerely,

*Mrs. Lynn Brown*

Mrs. Lynn Brown  
Regional Director  
American Brittle Bones Society

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July 14, 1982

Senator Orrin G. Hatch, Chairman  
Senate Labor and Human Resources Committee  
125 Russel Bldg.  
Washington, D.C. 20510

Dear Senator Hatch,

I write to you with a request for your support for a National Institute on Arthritis and Musculoskeletal Diseases; and ask you to urge the Committee to incorporate the new Institute in Senate bill 2311, The Biomedical Research Amendments of 1982.

There is a need for greater emphasis on Arthritis and Musculoskeletal Diseases. Of particular concern to me is Osteogenesis Imperfecta and Osteoporosis. Less than one percent of the NIH budget is devoted to research in this area. These diseases are now lost among the confusion of nine other research activities of the NIADDK.

I, therefore respectfully urge the Committee to adopt legislation to form this new institute.

Thank you for your time and consideration of this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Veronica Chiarito".

Veronica Chiarito  
Animation Director, Marz Prod.  
Regional Director American Brittle Bones Society

VC/bc

212/477-3900  
110 EAST 25TH STREET • 8TH FLOOR • NEW YORK, NY 10010

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Mrs. Matthew Frantz  
Box 309  
Bellwood, Pennsylvania 16686  
July 14, 1982

Senator Orrin Hatch, Chairman  
Senate Labor and Human Resources Committee  
125 Russell Boulevard  
Washington, D.C. 20510

Dear Senator Hatch:

The American Brittle Bone Society has made strides in the last few years in obtaining public awareness and some Government support in order to continue their efforts in the research and treatment of Osteogenesis Imperfecta. Because O.I. is not as commonly known as Arthritis, Diabetes, etc., this disabling disease which effects over 30 million children and adults has not reaped the benefits that intensive lobbying offers.

On behalf of these victims, especially the children who are unable to express their suffering, I urge you to form and implement a committee within the New National Institute of Arthritis and Musculoskeletal Diseases that will embrace the disease of Osteogenesis Imperfecta and to incorporate legislation for the New National Institute and Senate Bill #2311.

Only through research will a cure be found for the sufferers of today and the children of tomorrow.

Only through you, can their cries be heard.

Sincerely,

*Mrs. Matthew Frantz*

Mrs. Matthew Frantz  
Regional Director  
American Brittle Bones Society

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Jeanne M. Meister  
5500 Lincoln Avenue  
Morton Grove, Illinois 60053

July 15, 1982

Senator Orrin Hatch, Chairman  
Senate Labor and Human Resources Committee  
125 Russell Boulevard  
Washington, D.C. 20510

Dear Senator Hatch:

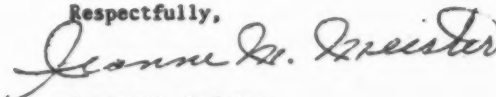
I urge your support that a new Committee be established to include the disease of Osteogenesis Imperfecta (O.I.) into the New National Institute on Arthritis and Musculoskeletal Diseases and to incorporate legislation for the New Institute and Senate Bill 2311.

Despite the vigorous efforts and dedication on the part of the founders and members of the American Brittle Bones Society in obtaining allocations to further research and treatment for the victims of O.I., it is not enough. The added strength and effort must come from you in order that Government support may allow continuing research to produce a medical breakthrough.

Thirty million victims are counting on you.

I am urging you.

Respectfully,



Jeanne M. Meister  
Regional Director  
American Brittle Bones Society

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## LETTERS OF SUPPORT TO SENATOR GOLDWATER



THE INSTITUTE FOR  
REHABILITATION AND RESEARCH

in the Texas Medical Center  
P. O. Box 20095  
Houston, Texas 77025

5415 Rutherglenn  
Houston, Texas 77096  
July 12, 1982

Senator Barry Goldwater  
Russell Senate Office Building  
Room 337  
Washington, D.C. 20515

Dear Senator Goldwater:

On behalf of the Board of Governors of the American Congress of Rehabilitation Medicine (ACRM), I want to applaud your continuing advocacy for legislation that would establish the National Institute on Arthritis and Musculoskeletal Diseases. As an organization comprised of physicians, physical therapists, nurses, rehabilitation engineers, occupational therapists, and other professionals involved in medical rehabilitation, the ACRM is vitally concerned with measures designed to intensify research in the areas of arthritis and musculoskeletal diseases. We are keenly aware of the enormous social and human costs entailed in these conditions, and we are concerned that the present organization of the National Institutes of Health has diffused the planning and funding of research needed to make real progress in preventing and controlling these diseases or in offsetting their debilitating effects. Our conviction is that an institute wholly devoted to arthritis and musculoskeletal diseases will provide a valuable focus of effort that is presently not possible.

Thank you for considering our viewpoint.

Sincerely yours,

*M. Fuhrer*

Marcus J. Fuhrer, Ph.D.  
Chairman, ACRM Research Committee

ccs: Dr. V. Cummings  
Dr. P. Corcoran  
Dr. J. DiTunno  
Mr. R. Verville

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# THE UNIVERSITY OF ARIZONA

HEALTH SCIENCES CENTER  
TUCSON, ARIZONA 85724

1982 JUL 19 PM 12:43

DEPARTMENT OF INTERNAL MEDICINE  
SECTION OF CLINICAL IMMUNOLOGY

July 14, 1982

Senator Barry Goldwater  
Senate Office Building  
United States Senate  
Washington, D.C. 20510

Dear Senator Goldwater,

I am aware that you are cosponsor of the Senate Bill 1939 to establish a National Institute of Arthritis and Musculoskeletal Diseases. I also know that some opposition to this bill has arisen. We indeed believe that there are individuals within our own institution that oppose this bill.

As you well know, arthritis is currently buried as a small portion by a large multidisciplinary institute, the NIADDK. I have met with a number of members of professional societies that are active in the NIADDK and we have agreed to cooperate amongst ourselves in this time of recession and cutbacks in Federal government overall. However, it is my feeling based on some substantial fact, I believe, that the impact of arthritis nationally is so great (affecting over 36 million people and having an economic impact on the billions of dollars) that a separate institute to give emphasis attacking these crippling diseases is needed.

I would like to let you know of my personal support for your sponsorship of this bill and my appreciation of your interest in the arthritis field.

I am speaking to you as a citizen of Arizona, but also as an active faculty member of the University of Arizona and president of the Arthritis Health Professions Association, a professional society within the framework of the National Arthritis Foundation.

I would be happy to speak to you personally if any information from our institution or of the organization of which I am president would be helpful to you in your sponsorship of this bill.

Yours very sincerely,

Eric P. Gall, M.D.  
Associate Professor  
Internal Medicine (Clinical Immunology)  
Surgery (Orthopedics)

EPG:cm

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**THE UNIVERSITY OF ARIZONA  
SOUTHWEST ARTHRITIS CENTER**

2033 EAST SPEEDWAY • TUCSON, ARIZONA 85719 1982 JUL 18 PM 4:23

July 14, 1982

Seantor Barry Goldwater  
337 Russell Senate Office Building  
Washington, D.C. 20510

Dear Senator Goldwater:

While I have written you in my official national capacity as chairman of the government affairs committee of the National Arthritis Foundation, I also wear other hats, some local in nature.

I am a professor of rehabilitation in the Health Sciences Center, here at the University of Arizona. I am attached to the Southwest Arthritis Center, and am on the board of directors of the local chapter of the Foundation, also being a past president. I have been president of the Arthritis Health Professions Association, and have held numerous other national positions in the field of arthritis for over 25 years.

Sincerely yours,

*David Wayne Smith*  
David Wayne Smith D.Ed.,  
Professor of Rehabilitation

DWS:m1

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NATIONAL  
OFFICE

July 14, 1982

Senator Barry Goldwater  
337 Russell Senate Office Building  
Washington, D. C. 20510

Dear Senator Goldwater:

*I wish to take this opportunity on behalf of 37 million persons who suffer from arthritis in this country to thank you for your wisdom in proposing Senate Bill 1939 to establish a separate Institute for Arthritis in NIH.*

*I am the chairman of the Government Affairs Committee of the National Arthritis Foundation, and in this capacity I have labored long and hard all spring and summer pushing your bill. I have been particularly active in attempting to motivate the leadership in arthritis in Utah to convince Mr. Hatch that this is a good piece of legislation. Unfortunately, the strength of leadership in Utah is rather primitive as compared to Arizona.*

*I realize that one of the major objections the opponents of your legislation put forth is cost. Our estimate is that to implement this Institute would cost about \$1.2 million, spread over several years, while the NIH leadership uses a figure of \$4 million start up costs.*

*Let me give you an example of government spending that demonstrates just how small this expenditure is when you consider the gravity of the problem of arthritis and the numbers afflicted. The federal government spends \$2 billion dollars per year in price supports for dairy products that keeps the dairy industry in clover at taxpayer's expense. In addition \$40 million is spent on transportation and another \$40 million on storage each year for these products. Mr. Hatch comes from a state that reaps some of the harvest from the dairy industry as do others on the Senate committee reviewing your bill.*

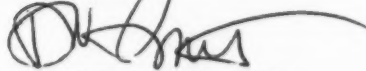
3400 Peachtree Road, N.E. / Suite 1101 / Atlanta, Georgia 30326 (404) 266-0795

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*Funds could very easily be drawn from current NIH budgets, like over \$1 billion being spent for cancer, to initiate this Institute. In my opinion, the argument about cost is a very hollow one, and simply reflects a lack of understanding on the part of Mr. Hatch and others who oppose your bill.*

*In closing, let me again reiterate that the Arthritis Foundation, representing 37 million sufferers of this disease are behind you. You may wish to mind the committee and your colleagues of this.*

*Sincerely yours,*



David Wayne Smith, D.Ed.,  
Chairman, Government Affairs

The CHAIRMAN. With that, we will recess these hearings until further notice.

Let me just mention that we have received statements from Senators Weicker and Cranston and Representative Pepper, and they will be included in the beginning of the record from the other Members of Congress.

Thank you, Dr. Fredrickson. We appreciate having you here and all of the others who have testified here today.

[Whereupon, at 4:16 p.m., the committee recessed, to reconvene at the call of the Chair.]

○

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